STATE OF MARYLAND 066092 SEP 8870R DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LIYPE OR PRINTI Harry E. RAPPOLD Deptember 14. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX Male White BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? Balto. Md. USA Baltimore County 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ENOTIN SUCH FACILITY, GIVE STREET ADDRESS! Franklin Square Hospital Type of work for most of working life)
Ret.-Machinist Rossville Crown Cork & Seal USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE Maryland Raltimore 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 9410 Pinedale Circle 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Rappold. Sr Morgan Mamie Clarence 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Thelma D. Rappold 9410 Pinedale Circle 217-22-2446 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 10.
PART I. DEATH WAS CAUSED BY: Candiac Div Cardiac Rupture IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF Left Anterior Descending Artery couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 0 20b. IF YES, WERE FINDINGS USED 70n AUTOPSY? 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES X NOF NO [Нув 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that XI (this haspital) attended the deceased from Sept sow the deceased alive on Sept 4. 19. 87 obove, XI (we) (did) XIX XV view the body after death. and that in (w) (our) apinion death occurred on the date and hour and from the causes stated 27h SIGNATURE 22c DATE SIGNED DEGREE Sept. 14, 1987 DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS ld b Keith W. Parker, M.D. 9000 Franklin Square Dr. 21237 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR NHOZZE

Burial

(SPECIFY)

THOI BELLIE Rd 8 ALTO. Md. 21236

9-18-87

Parkwood Cemetery

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Baltimore, Maryland

SAME OF THE STATE OF STREET

		HERE . TEST	
actor data Peterline I-des		s relation	of the mon
of the south planning the			
	plan ic, slog,		THE STREET
apili entrit o'nuante Dige biougni			
	Etherne Line		

STATE OF MARYLAND

	1				STAT	E OF MARYLAND					
66799 SEP 25	87	FOR STATE		DEPART		EALTH AND MENTA		(2)	pa ;	1	4
		REGISTRAR				ICATE OF DEATH	0 /	REG. NO			C
n 6.4		CEASED NAME FIRST		MIDDLE		AST	20. DATE	OF DEATH	MONTH DAY	YEAR	26 HOUR 5:30 P
nay be page 3		HARRY		F	RASKIN				0, 1987		M
	3 SE	ALE	4 RACE WHITE		S. DATE C			IN YEARS LAST BIRT	MON MON	HS DATS	HOURS MIN.
Page 4 director hours aff					14	. 2, 1902		85	YRS	DEAVU	
72 hg 72 hg		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIE			R COUNTY OF		
deo deo	_	SSIA		SA	WIDOWE	DIVORCEI		BALTIMO	ORE COU		MD.
DE = 618	BA	LTIMORE	MILFOR	D MANOR N	ADDRESS)		TYPE OF W	ORK FOR MOST OF LESMAN		NDUSTRY RETA	
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours by sicion and completely filled in by opers. Pages 1 and 2 should be file wol. 11. The medical examiner must band in the medical examiner must be a second in the medical examiner must be a	130. 5	AL RESIDENCE (IF MURSINGHOME O STATE RYLAND		BALTIMO	N	134 INSIDE CITY LIM		T ADDRESS /		4	21215
rytra uthun uthun uthun uthun	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE		WIDDLE		LAST	
MAR de	P		RVIN	RASKI	N	FIRST	ARAH	MIDDLE		MAGAF	
ORE, ond co		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT M	RS. ESTH	ER RASE	RIN		THE IT
IMORE rond of Poges	NO		INE WAR ON DATES!	220-30-5	343	3905 EMM	ART AVE.	BALT	ro.,MD	2121	5
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING. PRESIDENT To favore that the death certific of the death certific of the death certific of the certification of the certific	IFICATION	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION	DUE TO, O	CHF	ENCE OF	alune at	E TERMINAL DISE	ASE OR CONE	DITION GIVEN 20b. IF YES, WIN CERTIFYIN YES T	ERE FINDIN G CAUSES	GS USED
MITA Supplied Typics Typics Typics	CERTIFIC	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY C	_		-		
A 34 11 70		OR CONTRIBUTING CAUSE OF DE	AID .	M. MONTH D.	AY YEAR						
VISION OF PREESE STATE OF THE CALL OF THE	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE I		216 LOCATION STREET		CITY OR TON	WN	COUNTY	STATE
TTENDI pritol or TOR. A for use of Heol	L	22a-1 certify that (I) (this hasp	7 911	9 19 19 1	87.	, 19_ nd that in (my) (our) o	pinion death occu	gred on the do	19_ ate and hour or		hot (I) (we) lost couses stated
OR he ho DiRE rochec	(27h SIGNATUNE	to como			DEGREE ATTEND	ING MEDIC	AL STAF		22c. DAYE !	SIGNED
HOSPITAL ned by th FUNERAL uid be dete	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS					
		PAUL SCHWAF	RTZ, M.D			6804 PAR	K HTS. A	VE. BA	ALTO, M	D	
BP		BURIAL, CREMATION, REMOVA		1987 PR	OGRES	EMETERY OF CREMA	TORY 23d. LC	NDALTS		ALTO.	MD^1E
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	A MOSINTA	BROS 200 55 J			Se DATE REC'D. B	Y REGISTRAR	256 REGISTRA	S SIGNATI	URE
(VRA 15, 4)	100	ODD TOTAL OF				215	SEP 24	1987	Julia Da	orden.	andres

to funeral pietotos, chault be detached for un with the State Dept. of He

DHMH - 16 50M 4/83 (VRA 15, 4)

WPORTANT, #

e funeral director, page 3 9

STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIENE

DEPARIMENT	10	HEA	LIH	ANU	MENIA	L I
CF	PTI	IFIC	ATE	OF	DEATH	

	FOR T STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG	IENE	2 5	2 4	1
4	DECEASED NAME FIRS	ıt	WIDDLE		LAST	20. DATE OF DEATH	195.0	DAY YEAR	26 HOUR
1	Ado	1f	0.	Ra	auf	September	22.	1987	M (4 08%
1	3. SEX	4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	Male	White	4	NON	ember 17, 1916	70	YRS.	MONTHS DAYS	HOURS MIN.
-	To. BIRTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8		BALTIMORE CITY		OF DEATH	
V	Pennsylvania	USZ		WIDOWI	ED NEVER MARRIED L	Baltimore	- Cour	ntv	MD.
4	10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12e. USUAL OCCUPATI	ION	12b. KIND C	OF BUSINESS OR
	Baltimore	1806	West Aver	nue		Mechanical			Steel
	USUAL RESIDENCE (IF NURSING HO 13a. STATE 13b.	OME OF OTHER INSTITUTION	13c CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
	Maryland B	altimore	Baltimo	ore	YES NO X	1806 West	aVe.	2122	2
1	14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
1	Ludwig	Model	Rauf		Minnie	MIDDLE			auza
٦	160 WAS DECEASED EVER IN U.		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS		
	(YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	213-01-0	0721	Victoria R.	Kemp 1316	N.W.		
1	18 CAUSE OF DEATH (En	ter only one cause pe	line far (a), (b), and	d (ci.)	. 0		-	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		EDIATE CAUSE (a)	The	laylal	u Holaron			3- 1	leen
		be DUE TO, O	R AS A CONSEQUE		I NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART TO	o
À	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYR	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
1	710. ACCIDENT WAS UNDERLYIN	VG 21b. TIME C	OF INJURY		21c HOW INJURY OCCURE				
ř	CALLET	OF DEATH	M. MONTH DA						
	(IF EITHER NOTIFY MEDICAL EX.		M. OF INJURY	19	211 LOCATION				
	WHILE NOT WHILE C		REET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (thus saw the deceased all above, (1) (we) (dja) (c	ve on 7/4/	198	7 .0	and that in (my) (gar) apinian	, tadeoth accurred on the d	ate and hou	1	that (I) (we) last couses stated
	226. SIGNATURE	MALAN			DEGREE ATTENDING	MEDICAL STA	FF	220 DATE	SIGNED
1	22d PHYSICIAN'S NAME	(TYPE OR PRINT)	ene		22e ADDRESS	Lalla Cu	BI	12 11/1	1115
+	23a BURIAL, CREMATION, REMO			JAME OF C	CEMETERY OR CREMATORY	1736 LOCATION		100	11-1
	Burial	9-25	-87	Oak	Lawn	Baltimo	re, Ma	arylland	STATE
		da-Ruck Fu 22 Wise A	ineral Ho ve. Dunda	lk, M	Dundalk 250 DAT D 21222 CE	E REC'D. BY REGISTRAR	25b. REGIST	IRAR'S SIGNAT	URE

				FOR					ATE OF MARY		IPNIP				
001	000	050	1.	STATE			DE		FHEALTH AND		IENE	0	P 100	2.4	3-2
064	966	SEP -		REGISTRAR EASED NAME F	IRST	,	MIDDLE	- CER	LAST		T20 DATE OF D	REG. NO.	C HTM	Y YEAR	26: HOUR D
	o e e	-		OR PRINT)											P
	page 3		3. SE	FREI		RACE	J.	I C DA	RAUH E OF BIRTH		SEPT.		1987	FUNDER I YEAR	3:10 M
	E Poo		3. SE		1			M	NTH DAY	YEAR		3 (A3) BIKIND		DNIHS DAYS	HOURS MIN
	age direct	21	70 RI	MALE RIHPLACE (STATE OR FORE	C 1 71	CITIZEN OF			C. 1,	1902	9 BALTIMORE	CITY OR	YRS.	DEDEATH	
	72 h.	1		MD.	1010	U.S.		MAR	RIED X NEVER			_		OUNTY	
	1 14	B	20. CI	TY OR TOWN OF DEATH	1		_		WED [[STITUTION	12e USUAL OC				MD. OF BUSINESS OR
50	by the	1		BALTIMORE	X	FRANKI	LIN S	QUARE	HOSPIT		SELF-	EMPL	OYED	INDUSTRY T.V	.REPAIR
MARYLAND 21	filled in	36	13a S	AL RESIDENCE (IF NURSING TATE 13	LOUNT	THER INSTITUTION Y	BALT	CE BEFORE ADMISSING INCOME.	13d. INSIDE YES X	CITY LIMITS?	13e STREET AD	DRESS / Z	P CODE	MOUNT	AVE.
3,17	thing 5 sh	200	14 FA	THER'S NAME	64.1	DDLE		AST	15 MOTHER	R'S MAIDEN NA		AIDDLE		LAS	21224
WA	aldE ond)	FREDERIC		DOLE		RAUH	F	LIZABE		MIDDLE			ERS
Ä,	d co	ico		AS DECEASED EVER IN	J.S. ARMI	ED FORCES?	166 SOCIA	AL SECURITY NO				ADDRESS			
W	be ex	medic		NO	TES GIVE V	AN ON DATES!	217-	09-303	9 IDA	M. RAU	JH (WIF	E) S	AME	ADDRE	SS
BALTIMORE,	sicro pers	- E		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only	one couse per	line for 197	, (b), and (c).			Lec-Us	-		BETWEEN	MATE INTERVAL ONSET AND DEATH
ST., B	phy	o Leave				CAUSE (a)	artu	up -50	132 tic	1021	Lio -Us	when			
	a dia	or re				DUE TO, OI	R AS A CON	NSEQUENCE O				de	esas		
EST /	11	fraum		Conditions, if any, w		(ib)		0.1							
W. PRESTON	11	er tr		gove rise to immed couse (a), stating	the	DUE TO, OI	R AS A CON	NSEQUENCE O						100	
201 W		al, crem or other		underlying couse	ost	(c)								J	
		njury, o	Z	PART 2 OTHER SIGNIFI	CANTCO	NDITIONS CO	ONTRIBUTING	NG TO DEATH	UT NOT RELATE	D TO THE TERM	VINAL DISEASE C	RCONDIT	ION GIVE	N IN PART 1	0
DIVISION OF VITAL RECORDS,	y de	, A	CERTIFICATION	190 DATE OF OPERATION	٧	19b CONDI	TION FOR	WHICH OPERA	ION WAS PERF	ORMED	20e AUTOPS	Y? 2		WERE FINDI	
28	hos l	Shows	F								YES T		N CERTIFY YES	ING CAUSES	OF DEATH?
/ITA	Vs. Th	Hygin 18 sh	E E	21g. ACCIDENT WAS UNDERL	rING	216. TIME O			21c. HOW	INJURY OCCUR	RED (ENTERNATUR	E OF INJURY II	NITEM 18 PAR	RT 1 OR PART 2}	
OF.	CIAN:	Mental t		OR CONTRIBUTING CAUS		HOUR A.		TH DAY YE	AR 9						
NO	HYSI ding	Z = /	MEDICAL	214 INJURY OCCURRED		21e PLACE	OF INJURY		21f LOCAT	ION		ITY OR TOWN		COUNTY	STATE
VISI	G P	alth and marked a	Z	WHILE NOT WHILE		(AT HOME STR	REET, FACTORY,	OFFICE, FARM ETC	SINC						31416
۵	or aff			22a.1 certify that (1) (th	s hospito	l) ottended the	e deceosed	from	1/21	19 8/		19	. 19	87.	that (I) (Gue) last
	TTEN portol TOR	of He 21 is		saw the deceased a		3/10	efter donah	19 87	, and that in (m)	y) (eug) apinian	death occurred	n the date	and hour	and from the	causes stated
	R A hos	rept.		J7h SIGNATURE	1. 1	D . /	Oner dedin	/	DEGREE					22c. DATE	SIGNED
		□ <u>*</u>		Lough	1 1	517	Me	elà	mil	PHYSICIAN T	MEDICAL DIRECTOR	STAFF	пП	191.	4/27
	SPIT.	S S A		274 MYSICIAN NAME	inte our	ruind)			22e ADDRE					1//	1
	O a Ja	E 02		DR.	JOS	EPH L	IBERT	O	3.5	508 BAI	NK ST.				10,000
	of of oh	3 8	23a E	URIAL CREMATION REA		23b. DATE			F CEMETERY OF		23d. LOCATE				
	BP			BURIAL	•	9/5/8	87	GARDE	IS OF I	HTIAT	BAT	TTMC	RE	COUNTY	MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

"SCHIMUNEK FUNERAL HOME, ADDING. 3331 Brehms Lane, Balto. Md. 21213

9/5/87

GARDENS OF FAITH PH BALTIMORE

250 DATE RECO BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SEP 8 1987 . Justiden P.

. Divideon Randale

MD

to FUNERAL DIRECTOR. A should be deteched for one with the State Dept. of Heal

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG. N	5	2 4	9
100	1 DECEASED NAME (TYPE OR PRINT)	ohn		Rayner	į	AST	Septembe	r 3,	1987	26 HOUR
	3 SEX Male		4 RACE Whit	te	July	DF BIRTH 20, DA 1910 EAR	6 AGE IN YEARS LAST BIR	THDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
5	Baltimore, M		76. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D XXINEVER MARRIED	9 BALTIMORE CITY O Baltimo	_		MD.
١	10 CITY OR TOWN OF DE Essex 21221		306 Hot	mberg Ave	ADDRESS)	DR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	ON F WORKING L erato	126 KIND O INDUSTRY	o. Count
7	UAL RESIDENCE (IF NUR 136 STATE Maryland	13b COUN	other institution TY timore	GIVE RESIDENCE BEFORE			13. STREET ADDRESS	zip cop erg A	ve. 21	221
)	14 FATHER'S NAME Frank	Ray	yner	LAST		Frances	Ott		LAST	
6	160 WAS DECEASED EVER		MED FORCES? WAR OR DATES)	212 09 7		Joyce C. Ray	ner, Wife	SS	Same	
		, which mediate ng the last.	(b)	1	NCE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	
7	19a DATE OF OPERA				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES [NGS USED OF DEATH?
7	21a ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEA	,,,,	M. MONTH DA M.	YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	WHILE DOLW	HILE D		REET, FACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I the decease above, (I) (we) (ed olive an.) view the body	after death.	, aı	, 19				
	22d PHYSICIAN'S N H. S.	AME (TYPE OF		m. 2	,	220 ADDRESS 815 Eastern	DIRECTOR PHYSIC	IAN []	9	3-87
	230 BURIAL, CREMATION	REMOVAL	236 DATE 9/5/			emetery or crematory awn Cemetery	23d LOCATION Baltimo	re Co	Md.	STATE
(H FUNE DIRECTOR	Tuner	al lone	FA 1407	Old E	astern Ave	REC'D BY REGISTRAR	256 REGIS	TRAR'S SIGNAT	URE

				3 67
Section 2, 1999		seen at	/£-0 mie	
	Joy 20, 1sto	425		afair
Samuel Continue				enotale.
ward. of the teachers of the		onices Avn.		INCE XONE A
The section in idea (10)		N MORE IN		Sere frage (
	action ()		name of	Frank
and size, tem	1. 200 20	S 60 820		
PER DE CONTE : VIPER	pares 2.0°	d weeks	.F. ,FG	To exact

		5	T	A	T	E	0	F	M	A	R	YL	Al	N	D
_			_	_										_	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- T	1_	FOR STATE			DEPARTM		EALTH AND MENTAL I	HYGIENE		(C) Ind	17 2		
- !	L-DEC	EASED NAME	FIRST		MIDDLE		AST	Po DAT	REG. N	MONTH D	AY YEAR	26 HOUR	_
		OR PRINT)				DEAD		4		20 100	7		
Н	3. SEX	Thomas		4 RACE	nry	READ 5. DATE O	AC BIRTH		ember .	30, 198	IF UNDER 1 YE	2:00p	M
	J. JL/	Male		Whi	te		. 17, 1916°	70	IN TEAMS EAST 0	YRS.	ONTHS DA		
1		RTHPLACE (STATE OR FOR	EIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALT	MORE CITY	OR COUNTY	OF DEATH		-
7	Vi	rginia	-/	US	A	WIDOWE	D NEVER MARRIED DIVORCED	Ba	ltimore	Count	СУ	^	AD.
1	10. CI	TY OR TOWN OF DEATH	1		HOSPITAL, NURSIN		OR OTHER INSTITUTION		JAL OCCUPAT	FION OF WORKING LIFE		OF BUSINESS C	R
1		ossville	1	Frankl:	in Square	Hosp	ital	-				US-govt.	Re
5	13a S	AL RESIDENCE (IF NURSING TATE 13			131. CITY OR TOWN	N	13d INSIDE CITY LIMITS	230 STRE	et address 9 Red 1	/ ZIP CODE	Road	21220	
3	14 FA	THER'S NAME		MIDDLE		1.67	15 MOTHER'S MAIDEN	NAME					_
5 10	1	Henry	Bas		Read		Bertie	V	irqie		Bar	cett	
1		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	Md. 2	1784		
		Yes	WW		224-01-91	.70	Terrence F.	REad,	7533	Norris	Ave,		
		18. CAUSE OF DEATH	Enter on	ly one couse per	line far (o), (b), and	d (ch.)					BETWE	OXIMATE INTERVAL IN ONSET AND DEATH	
		PART I. DEATH WAS		E CAUSE (0)	Cardiopul	monar	y Arrest						
		Section 1		DUE TO, O	R AS A CONSEQUE	NCE OF				501000			
		Conditions, if any, v		(b)	Hypoxemia	, End	Stage Chro	nic Ob	struct	ive			_
		gave rise to immed cause (a), stating	the		R AS A CONSEQUE								
		underlying couse	lost	(c)	<u>Pleural E</u>	ffusi	on, Pericar	<u>dial</u> E	ffusio	n			_
	,	PART 2. OTHER SIGNIF	ICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TI	ERMINAL DIS	EASE OR COM	NDITION GIVE	N IN PART	110	
_	10	Probable											
1	ICA ICA	190 DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s A	UTOPSY?	IN CERTIFY	WERE FIN	DINGS USED ES OF DEATH?	
	CERTIFICATION							YES [YES		NO 🗌	_
3		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	-	1100100 1	M. MONTH DA	Y YEAR	21c HOW INJURY OCC	URRED (ENTI	ER NATURE OF INJ	URY IN ITEM 18 PA	RT 1 OR PART	')	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL				19							
	MED	21d. INJURY OCCURRED		21e. PLACE (AT HOME, STI	REET, FACTORY, OFFICE, FA	ARM ETC)	216 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE	
		AT WORK AT WORK	_			onton	ber 9 1087		eptemb	er 30	. 37	X	_
		220.1 certify that (K (th saw the deceased obave, (h (we) (did	olweson	Septemb	er 30 rom 8	7 PLEI	nd that in (m X) (our) apin		•		7	_, that (1) (we) lo	51
		obave, (N(we) (did 22b, SIGNATURE) (ala no	t) view the body	ofter deoth.		DEGREE	To the decount of the	or co or the c	3010 0110 11001		TE SIGNED	_
		1 0.	+		2		ATTENDING	G MEDIC			9	130/4	>
1		274 PHISICIAN'S NAM	E ITHEO	CORNEL OF			PHYSICIAN 22e. ADDRESS	1 DIRECT	OR PHYSI	CIAN	1	20/0/	-
		15					9000 Fran	klin S	quare	Drive	2123	7	
	23 n D	Angel T			1 23. N	IAME OF C	EMETERY OR CREMATOR		OCATION	DITTO	LILO		=
	(SPECIFY Burial	MOVAL	oct.3,1			Memorial Ga			ir H	arfor	Ma Ma	
	24. FU	INERAL DIRECTOR								R 256 REGISTI			
	H	ON NO WELL	Coma	g TTT.	Ahindern .	Md. 2	1009	TOO	4007	La Jack	dran-h	MODE	9

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been in should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If Item 21 is marked or Item 18 shows on

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

no1 05 1901

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem-18 shows any injury, or other traumatic event, the Medical

0671

8.6

SEP

FOR

	STATE	OF A	MARYL	AND
--	-------	------	-------	-----

DEPARTMENT OF REALTH AND MENTAL HYCIENE

1	- STATE REGISTRAR		DEI ARTI	CERTI	FICATE OF DEATH	()	REG. N	8. 5	2 5	
h.º	CFASED NAME FIRST		MIDDLE		LAST	2	a. DATE OF DEATH	MONTH	DAY YEAR	24 HOUR
	Mariett	a	150	Rea	vis		September	23	1987	6:15pm
3. SE	X	4. RACE			OF BIRTH		AGE (IN YEARS LAST BIR		MONTHS DAYS	
	Female	White	2	Dec	. 11 ^{DAY} 1934 ^{YEAR}		52	YRS	MONTHS DAYS	HOURS MIN,
70. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	ED NEVER MARRIED	9.	BALTIMORE CITY C		Y OF DEATH	
10.0	PA.	USA		WIDOW			Baltimor	e Cou	nty	MD.
Mi	ddleRiver	3 W. I	Midland A	Ve •	OR OTHER INSTITUTION		Retired-B		IPDUSTRY	OF BUSINESS OR
13a.	STATE Md. 13b. COUI Ba	ROTHER INSTITUTION NITY Lto.	13 CITY OR TOWN	ADMISSION) N LVer	13d. INSIDE CITY LIMIT		3 W. Midl		ve. 212	220
. 14. F.	ATHER'S NAME Karl	MIDDLE	LAST		15. MOTHER'S MAIDEN	NNAME	WIDDLE			
1			rown		Martha			Dec	ker	
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE	SS		
	no		215-32-6	653	Barb Evans	s 37	Left Wing	Driv	e 21220	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), one	d (c).)	9				APPROX BETWEEN	ONSET AND DEATH
		TE CAUSE (o)	Myocan	done	ansmetin				2	hrs
	Conditions, if ony, which	DUE TO, O	RAS ACONSEQUE							
	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSEQUE	NCEOF	melli for				5	
NO NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ontributing to a	EATH BUT	Obesit	TERMIN	AL DISEASE OR CON	DITION GIV	VEN IN PART I	0
CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDII FYING CAUSES ES	NGS USED S OF DEATH?
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	81111	M. MONTH DA	Y YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did) no		19	, o	nd that in (my) (our) api	inion dec	, taath occurred on the do	ote and hou		that (I) (we) last causes stated
	27b. SIGNATURE	if the	^		DEGREE ATTENDIN PHYSICIA	NG AN	MEDICAL STAF		22c. DATE	SIGNED /25/pm
	7AH-HSI	ung H	5M		22e ADDRESS					1" 1
	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATO		23d. LOCATION		COUNTY	STATE
	Burlal	9/26,	/87 M	eadow	ridgeCemete	ery	CIT OK TOWN	Balti	more MA	ryland
24 FI	UNERAL DIRECTOR		ADDRESS				EC'D. BY REGISTRAR	25h REGIST	TRAR'S SIGNAT	TURE
C	onnellyFuneralH	ome 300) MaceAve	. 212	21	SEP	2 9 1987	India L	Teordon . K	andals

STATE OF MARYLAND

GIENE

DEPARTMENT	OF	HEALTH	AND	MENTAL	HY
CE	RT	FICATE	OF	DEATH	

00779 000	0.7	FOR			DEPARTI	MENT OF F	IEALTH AND MENTAL HY	GIENE			
166773 SEP 2	2 01	REGISTRAR				CERTIF	ICATE OF DEATH	PREG. N	8. 5	25	
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH C	DAY YEAR	26 HOUR
nay be page 3	(TYPE	E OR PRINT)	WILLIA	M	HUGH	REA	VIS , Jr.		09 1	18 87	11:45
You god	3. SE			4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI		IF UNDER TYEAR	IF UNDER 24 HRS
ctor. p		MALE		WHITE		10		51	YRS.	MONTHS DATS	HOURS MIN.
Adrector of hours of	7a. B	RTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY?	1		9 BALTIMORE CITY		OF DEATH	
nerol na 72 m 72	A	North Card	olina	U.S.	7	WIDOWI	DIVORCED DI	BALTI	MORE C	ountr	MD
D 3 = 1 D		ITY OR TOWN OF D		11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OR
The state of	-	TOWSON		G.B.	M.C.	ADDRESS)		Vice Presi			al Inst
BALTIMORE, MARYLAND 2120 be executed within 24 hours mean and campletely filled in by pairs. Pages 1 and should be fill in the medical examples must be ke		AL RESIDENCE (IF N	URSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)					CI INDU
S the State of the		aryland	136 COU	1timore	Glen A		138 INSIDE CITY LIMITS?	13e STREET ADDRESS 4309 Con		Court 21	1057
the thing of the transfer of t	_	ATHER'S NAME	1				15. MOTHER'S MAIDEN NA	ME	LICI C		
AARYLA Awithin Associately Ass		William		MIDDLE H.	Reavis,	Cr.	Para the	MIDDLE II		LAST	ī
Cope Cope Cope Cope Cope Cope Cope Cope	16a \	WAS DECEASED EV			166 SOCIAL SECT		17 INFORMANT	V. Hendren	ESS		
MORE,	(YES NO OR UNKNOWN)		ve war or dates)	243-48-	0160	Mad Canal	T Doggia	Como o	a #12	
LTIA be m							Mrs. Carol	J. Reavis	same a		IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH	WAS CAUSE	nly ane cause per ED BY:	line far (a), (b), an	CAPDI	AL INFARCTION	t			OURS
Te de		-	IMMEDIA	TE CAUSE (a)	ACOIL MIC	CAIDI	AL INFARCTION			2 110	OURD
TO de					R AS A CONSEOU					10.	WEADO
PRES de de Caracteria de Carac	1	Canditians, if a gave rise to i	immediate	(p)_	HYPERTENS	IVE_A	TTERIOSCLERO	TC CARDIBVA	SCULAR	-10	YEARS
W # 500 4		cause (a), sta underlying cau		DUE TO, O	R AS A CONSEOU	ENCE OF		DISE	ASE		
201		BART 2 OTHERS	Chileicanit	(c)	ONTRIBUTING TO	DEATH BUIL	NOT RELATED TO THE TER	MAINI AL DISEASE OF CON	DITION GIV	ENI INI DADI 1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., The law of PHYSICIAN. The law of the children physician. The this certificate has as the buriol-trossit permitting to as the buriol-trossit permitting the ond Membel Hygiene prior to the motion carrent orked oc. them Reforms an enter motion carrent orked oc. them Reforms and carrent or the c	Z	PART 2 OTHER SE	IGNIFICANT	CONDITIONS	ONTRIBUTING TO.	DEATH BUT	INOT RELATED TO THE TERM	WINAL DISEASE OR COM	DITION GIV	EN HAPARI III	
ŏ Z	CERTIFICATION	19a DATE OF OPER	RATION	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	WERE FINDIN	NGS USED
L REC	띪							YES T NOT		YING CAUSES	OF DEATH?
VITAL R N: The 1 vysicion. cote has ansit pe	- 3	21a. ACCIDENT WAS	UNDERLYING [21c. HOW INJURY OCCU				
VISION OF VITAL RIGION OF VITAL RIGION OF VITAL RIGION. The Intended physician. For this certificate has the burial-transit per and Amental Hygene and Amental Hygene ked oc them Plashows.	1	OR CONTRIBUTING	_	AIN .	M, MONTH D						
ON OF HYSICIA Ins certifi burial- Menta acthem	MEDICAL	21d. INJURY OCCU		_	M. OF INJURY	19	211. LOCATION				
PHH then the land of the land	X	WHILE T NOT	WHILE	(AT HOME, ST	REET FACTORY, OFFICE,	FARM ETC }	STREET	CITY OR TO)WN	COUNTY	STATE
DIV ENDING of or o SR. Afre Use os Health		AT WORK AT	WORK	ital) attended th	ne deceased fram_	-	19	, ta		19	that (II (we) last
Po OR		sow the dece		inal, allelided in	ie deceased fram_		nd that in (my) (aur) apiniar				
ATT Ospin Sed for or of		22b SIGNATURE	ydia: alli fo	or friew the body	ofter death.		DEGREE			22c DATE	
OR OR DIRE		1	Jul V	11241	010		ATTENDING 1	MEDICAL STA	FF _	091	19187
HOSPITAL med by the FUNERAL old be det on the State	7	226. PHYSMEIAN'S	NAME	y cong	VVI		PHYSICIAN 22: ADDRESS	DIRECTOR PHYSI	CIAN	11	11/0
HOSPIT		Dill	TO	15.16	nv		/				
TO HOSPITAL OR CROWNER BY THE PROPERTY OR Should be detach with the Store Detach IMPORTANT. If his	-	1777		- 44	I A			Worth Drive	Tows	on.Md.2	21204
		BURIAL, CREMATIO	N, REMOVAL	and the second second			CEMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
BP		Cremation UNERAL DIRECTOR		Sept.2	21,1987	Westv	iew Crematory	Baltim TE REC'D. BY REGISTRAL		Maryland	3
DHMH - 16 60M 7/84		N A MAE			ADDRESS	050 Y	ork Road	- 4	1 2 2 4	Sander R	andallo
(VRA 15, 4)	Ru	ick Towson	n Fune	ral Home	Inc. T	owson	, Md. 21204SE	44 HOL	0		

BE AR THA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTI EDWARD ALOYS TUS REGAN September 12, 1987 6:05PM 1. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR June 7, 1904 Male White TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Type of work for most of working life Painter Meridian Cromwell Painting Towson USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY TXX Baltimore 13d. INSIDE CITY LIMITS? 5253 Linden Heights Ave. 21215 Baltimore Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDLE Patrick Margaret MIDDLE Cotter Regan ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT No 212-16-0887 Mr.J. P. Oates 9 Carriage Lamp Ct. 21234 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION In DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDI 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

COUNTY

19_

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE

(TYPE OR PRINT)

22a.1 certify that (1) (this hospital) attended the deceased from

DEGREE MU 22e. ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

22d PHYSICIAN'S NAME

Marion C. Kowalewski

8604 Harford Road

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL I

0 0

0

à

per

transit Hygin

Mento

8

b

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 9-15-87 Burial

NOT WHILE

sow the deceased alive on_

23c. NAME OF CEMETERY OR CREMATORY Sacred Heartof Jesus

23d LOCATION BaltimoreBaltimoreMaryland

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

1987

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE den Devideon Pondale

		0	166		5
			Mercal in		
laboration			~		F1
in seed that		~ 9			
10 S	your storms I seem		of the tree to	with the second	
				a ()	S.
aut S	1984 1938				

E. Lowell Lemmon, 10 W. Padonia Rd.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

pour deserver to Kandall

The second of th The state of the s

STATE OF MARYLAND

CERTIFICATE OF I	DEATH	

8 / REG. NO. 2	5	2	3 4	2
O DATE OF DEATH MONTH	DAY	YEAR	26 HOU	IR,
090	29:	87	75	AM
AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
- 77 -	MONIHS	DAYS	HOURS	MIN.

REGISTRAR		
PE OR PRINT) MILD	RED B.	R
EX	4 RACE	5 DA
FEMALE	WHITE	Ĵ
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8
PARYLAND	U. S. A.	WIDO
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	
OWSON	STELLA MA	RI
UAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	ADMISSI
PARYLAND BAL	TO. CO. PARKVI	We
FATHER'S NAME	MIDDLE LAST -	

FOR STATE

July 31, 1915	- 72 - YRS	ONTHS DAYS HOURS
MARRIED NEVER MARRIED VIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	DONTY
HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINES

USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITU	JTION, GIVE RESIDENCE BEFORE AD	MISSIONI
13a. STATE	13b COUNTY	13c. CITY OR TOWN	. 1
MARYLAND	13AL-70. C	O. PARKVIL	ve
II. FATHER'S NAME			
FIRST	MIDDLE	- AAST	
JOHN	~	BORLEIS	>

E OR OTHER IN	STITUTION.	GIVE RESIDENCE BEFORE ADMISSION)						
TINUC	en	PARKVINE	1 13d INSIDE C	NO MISS	13e STREET	7 TEXAS	ares	21234
7-10.	w.	PHEFUIVO	AF2	NO [24	1 (001)	AVE	2//
			15. MOTHER	S MAIDEN NAM	ΛE			
MIDDLE		BORLEIS	-	FIRST		MIDDLE	EIC	V
-		130KLEIS	15	ERTH	9		FIL	_
A DAAED EC	DOCECO	THE SOCIAL SECTION NO	17 INTEGRAL	ANT		ADDRESS		

S, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	216-09-2859	FAMILY	RECORDS
18 CAUSE OF DEATH (Enter PART), DEATH WAS CAUS IMMEDI	only one couse pe SED BY. ATE CAUSE (a)	TANDENTIC	1) 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DUE TO, C	DR AS A CONSEQUENCE OF		
Conditions, if any, which gave rise to immediate	(b)_			
couse (a), stating the underlying couse last.	DUE TO, C	DR AS A CONSEQUENCE OF		

onditions, if any, which	(b).	
ove rise to immediate buse (a), stating the inderlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	

the second second				
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED		206. IF YES, WERE FIN IN CERTIFYING CAU	
A . 150 C . 10		YES NO	YES 🗌	NO 🗌

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR
	21e PLACE OF INJURY	M. ETC)

Ī	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
_	211 LOCATION	

ALL WORK	ALWORK						_
22a.l c	ertify that (1) (this	hospital	ottended the	deceosed fro	m_	. 29	
so	w the deceased a	live on_	gr . 9	ofter death	9 8	, and that in (i	my)
	CNIATURE	ara mari m	cir me oddy	01701 0007111		DECEPEE	

										_	
, 19	1. 1	o	9.	9	,	19.0	7	the	ot (I)	(we)	0
our apinion	deoth	occurred	on the	dote	and hou	rond	from	the co	uses	stoted	

26. SIGNATURE	,	^	DEGRE
(10.00	1	alexan	DOLD
Calla	14	ceryan	acou.

ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN
A1 -	7	77

	IGNED
10 9	8M
	.0

STATE

224 PHYSICIAN'S NAME (TYPE OR PRINT) Carla S. Alexander, M.D.

NOT WHILE

ne ADDRESS Stella Maris Hospice

Dulaney Valley Rd. - Towson, MD 21204

BURIAL	09-12-1987	PARKW
FUANS CHA	PEL DE M	EMOR

TERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Poges !

ā

and Mental Hygiene prior

morked or Item

certificate has bee

TO FUNERAL DIRECTOR.

should be detoched with the State Dept.

CERTIFICATION

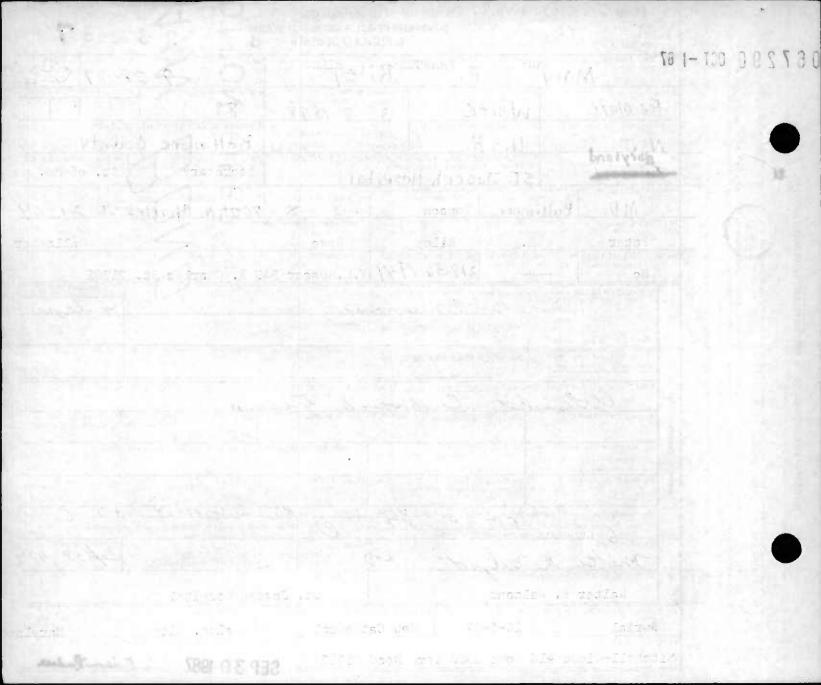
MEDICAL

THE REPORT OF THE PARTY OF THE

AND TRANSPORT OF THE PARTY OF THE PARTY OF THE PARTY.

S 2 2 2 2 5 6

	1	Item #7a	G 632 10/6/	167 cw	STAT	E OF MARYLAND			
11/2	1	FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG	8 /	2 5 2	57
7 2 9 0 OCT -	1 187	CEASED NAME	FIRST MARY	FRAN	ICES R	SIE RILEY	REG. NO	9-28-	YEAR 76 HOUR
ge 4 moy ector po	3. SE	Female	4 RACE Whi	te	5. DATE (DE BIRTH DAY VEAR VEAR	6 AGE (IN YEARS LAST BIR	YRS.	R I YEAR DURS MIN.
	7a B	IRTHPLACE (STATE OR COUNTRY)	4.5	A.	MARRIE		Baltimore city o	re Cou	nty MD.
1152	3	AL RESIDENCE (IF NUR		OSEP STUDENTS	HOSP:	PROTHER INSTITUTION	Secretary	F WORKING LIFE]	of Md.
13	13a.	ATHER'S NAME	Baltimore	13c. CITY OR TO	OWN	13d. INSIDE CITY LIMITS? YES NOTAL	13e.STREET ADDRESS		T. 21204
(A) DB		Peter	A .	Rile	2	Rose	MIDDLE E.		Gallagher
- Andrews		NO OR UNKNOWN)	IN U.S. ARMED FORCES	219.36	1.00 1 . 1	T.E.Rosser 3		es St. 21	201 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death certifical by the attending physics remove cothon page commotion, or remove		Conditions, if ony gove rise to im couse (o), statiunderlying couse	, which (b), mediate and the DUE TO,	OR AS A CONSE	OUENCE OF	viã.			+ dlige
requirer the standary for to burnel in its present	NOI	ar	tenselist	Contributing	TO DEATH BUT	NOT RELATED TO THE TERM	ease		
The low cion. Sit permit giene price hows on the price pric	CERTIFICATION	19g DATE OF OPERA			ICH OPERATIC	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	FINDINGS USED CAUSES OF DEATH?
NG PHYSICIAN: T ottending physici iffer this certificole of the buriol-trons in or the buriol-trons in ord Memoral Hygin orked or frem 18 sh	MEDICAL CE	21g. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEATH CALEXAMINER) RED 21e. PLAC	OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFI	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUI	-	PART 2) UNITY STATE
ATTENDING sport of or of the care of for use os the care of t		22a I certify that (I	(this hospital) attended	T28 1	() -	nd that in My) our) opinion	to SEPT		2, that (we) lost
TAL OR RAL DIRE retoches into the Dept.		22b. SIGNATURE Walter 22d. PHYSICIAN'S N	R Will	dy ofter death.	M	DE GREE ATTENDING	MEDICAL STAI DIRECTOR PHYSIC	27 F	LYDATE SIGNED
TO HOSPITA TO FUNERA should be dea with the Stoti		Walter	R. Welzant			St. Jos	seph Hospita	11	
BP		Burial	23b. DATE 10-1			emetery or crematory athedral	23d LOCATION CITY OF TOWN Balto. (Marvla
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director .tchell-Wie	edefeld Home	6500 YO	ss ork Road		E REC'D. BY REGISTRAR		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	REG. N	10.	5)	5	-
	DE AVIA					

					CTAI	COCMADVIAND			-
. 0 0 0 00 1	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	2 5 2	5 g
3 2 0 SEP 14		CEASED NAME FIRST OR PRINT) Patsy	Ruth R	oberts		LAST	September	8, 1987	26 HOUR
ctor. po	3. SE)	r Female	4. RACE Whit	e	5. DATE	ch 19, 1927	6 AGE (IN YEARS LAST BIR	YRS DAY	
of the second se	B	altimore, Md.	US		WIDÓW	DIVORCED DO OTHER INSTITUTION	Baltim	ore County ON 128 KIND	OF BUSINESS OF
4 4400		ssex 21221		• Woodlyn			Housewif	e H	ome
1135	M	aryland Be		Essex		The second secon		oodlynn Rd.	21221
1 DBY	D		tchett	LAST		Arinth	a McCles	ne	ALT .
Pages -	16c V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	212 22	11/2/2015/20	Warren C. B	oberts, Hus		me
uines that the definition of the other periods by the other remove a block of comments of the other traum	z	Conditions, if any, which gove rise to immediate course (o), stating the inderlying course last. PART 2 OTHER SIGNIFICAN	1 10_	ONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN BY PART	Tro
has been been been been been been been bee	분	140 DATE OF OPERATION	1% COND	HIDN FOR WHICH	OPERATIC	IN WAS PERFORMED	286 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES.	
Martin By Shared Martin By Shared By	MEDICAL CERTI	21s. ACCIDENT WAS UNDERSTOND ON CONTRIBUTING CONTRIBUTING TO CAUSE OF I IN STORE NIGHT WEDGE ALTIMATED THE INJURY OCCURRED.	DENTH HOUR A		AY YEAR	711. HOW INJURY OCCUR!	RED ((sense mature of mill)	EN TO YOUR TO, PART 1 CR PART 2)	
OPNG PR or others to on the to softh and a	ME	white at each what at each this bar	(ATHOME ST	MET PACTORY OFFICE.	ARM ETCT	1 3 19 /7	9/8	19 F 7	that it (we) los
AL OR ATTEN AL DIRECTOR denoched for a cre Dispr of H		sow the deceated alive obtain, (II (we ideb) (did 17h SIGNATURE	on and the back	19	77.	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [MEDICAL STAT	171: DA)	1
O HOSPITAL Included by the O FUNERAL New History APORTANT		D. Wac	Dond	1		9 S.	Highlan	/ Ae i	122/
BP	23a E	BURIAL, CREMATION, REMOV	236. DAJE 9/10	/87 ^{23c. N}		emetery or crematory wn Cemetery		e Co., 'Md'.	STATE
DHMH - 16 60M 7/B4	24 FL	UNIT OF DIRECTOR	Some	As Nonn	02 4 1	250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

				70 ;
		T stores T	STATE OF	
	est weekster			, estat a Ca
	7,000 · ×		of the anti-	
	Arthousia Good earth		tangati-	
	inclus charles a nerg	28 1770	5(5	
.0	COLUMN TERMINATION OF THE PERSON	1999 712	THE COLUMN	1-lm

51

irector, page 3

medico

injury, or other troumotic event, the

MPORTANT: If them 21 is morked or them AB shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAI
DEDARTMENT OF HEALTH AND M

	en person	- 1	
REG. NO	2 5	line	2

1	1	FOR	DEPARTMENT OF	HEALTH AND MENTAL HYG	IENE	and the same of th
		STATE REGISTRAR	CERTI	FICATE OF DEATH	8 7 peg NO 2	5 2 3 7
	DEC	EASED NAME FIRST	MIDDLE	LAST .	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
1	(TYPE	ORAL	P Robe	ERTSON	9	13 87 12 10 4
ľ	3. SEX		4. RACE 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
	1	1A/e	white 8	DAY YEAR 8	79	YRS DAYS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	ED NEVER MARRIED	BALTIMORE CITY OR CO	DUNTY OF DEATH
1		PA	WIDOW		BALTIMOR	e County MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME LENOT IN SUCH EACHLITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING UFE) INDUSTRY
4	TISTIA	OWSON	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	OSPITAL	SITES MIL	4/1
1	13a. S	ARYLAND BAN	TY CO. 13c. CLITY OR TOWN.	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE 100 PD. 21204
1	14 FA	THER'S NAME		15. MOTHER'S MAIDEN NA		3
		JOHN PE	STER ROBERTSON	LAURA	MIDDLE	EISENHOUER
		/AS DECEASED EVER IN U.S. AR/ es, no or unknown) (16 yes, givi	MED FORCES? 166 SOCIAL SECURITY NO. 105-04-694	17 INFORMANT	FAMILY Z	ECORDS
ł		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSEI	N BV	resp. Failur		C. William Co. C.
1			DUE TO, OR AS A CONSEQUENCE OF	R.		
1		Conditions, if any, which gave rise to immediate) (b) Dilatera	U mumon	<u>c</u>	
ı		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	Hygner		
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1:0
4	ATIO	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	280 AUTOPSY? 286	IF YES, WERE FINDINGS USED
	CERTIFICATION					CERTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
1	CER	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN I	
ı		OR CONTRIBUTING CAUSE OF DEA		3		
1	MEDICAL	21d INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	21f. LOCATION		
١	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
1			(al) attended the deceased from	, 19	, to	, 19, that (I) (we) last
		saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death	and that in (my) (aur) apinion (death occurred on the date o	nd hour and fram the couses stated
1		226. SIGNATURE	. 0	DEGREE		224 DATE SIGNED
		vila	ndo Komero	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	9/13/87
		224. PHYSICIAN'S NAME (TYPE OF		22e. ADDRESS		
		ERLANDO	1001101	1 51.0	torept He	de
	23a -84	URIAL CREMATION REMOVAL	23b DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY 3 STATE
	9	KEMATION	101-14-198/ CKEE!	VINOUN/CEN	BALTO. C	174, MAKILAND
	24 FU	NERAL DIRECTOR	OF DE Chookess 1000	25a. DAT	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	E	VHIVZ CHA	EL OF CHIMES	IMMUM S	EP 1 5 1987 (Judson Parlace

3 2

eath. Page 4 may be

SEP 24

in by the funeral director, page 3 se filed within 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	2	5	2	0	-
REG.	NO.	3	2.30		

4	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 7 REG. NO. 5	260
	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 2h HOUR
(TYP)	RUTH	W.	RC	E	Sept. 21, 198	37 4:39 P.M.
3. SE	X	4. RACE	S. DATE (FUNDER 1 YEAR IF UNDER 24 HRS
	F	Cauc	Apr	il 3, 1896	91 YRS	MONTHS DAYS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8. MARRIE WIDOWI	D NEVER MARRIED		
1	alto	6014 Bur	TAL, NURSING HOME OF TY, GIVE STREET APDRESS! NT OAK RO	or other institution 21228	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWITE	126. KIND OF BUSINESS OR INDUSTRY OWN home
13a	STATE STATE 136. COU Ba	R OTHER INSTITUTION, GIVE RE NTY 13c. C	SIDENCE BEFORE ADMISSION) (TY OR TOWN	130. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 2122 6014 Burnt Oa	
	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN N	AME	LAST
T	homas	M.	Wood	Laura		Hardin
16a (WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 S	OCIAL SECURITY NO.	17. INFORMANT 601	. Dozilo odil ildi	21228
-	NO	121	9-32-3326	Mrs. Jose	phine Shinholt	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line fo ED 8Y:	r 101, (b), and (c).	0	A. a. H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		TE CAUSE (o)	(a)	aus-resp	was conon	munules
		DUE TO, OR AS A	CONSEQUENCE OF	10008	_ 0	
	Conditions, if any, which	(b)	1'6	wtalto 2921	r Comia	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF			
	underlying couse lost.	((c)				
N N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(o)
E E	190. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED
F			V		YES NOW YES	YING CAUSES OF DEATH?
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, P)	
	OR CONTRIBUTING CAUSE OF DE	AIH	NONTH DAY YEAR			
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJ	URY	211. LOCATION		
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	TORY, OFFICE, FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hasp	ital) attended the dece	osed from	Jan 10 7	6 5 9/21	19 8 7, that (1) (ma) lost
	saw the deceased alive or	9 15	19.87	nd that in (my) (our) opinion	n death occurred on the date and hour	
	obove, (I) (we) (did) (did no	ot) view the body after a		DEGREE		22c. DATE SIGNED /
	Jamo	c & no	Can m	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9/22/87
	220. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS		
	Dr. James	Nolan			Hill Rd.	
230	BURIAL, CREMATION, REMOVAI BURIAL	9/24/87	Woodla	EMETERY OR CREMATORY	Balto	COUNTY MD ATE
	/	Edmondson			ATE REC'D. BY REGISTRAR 256. REGIST	
	NAME	on Funeral	ADDRESS	CE	P 2 7 1007	
<u></u>	OTTINE BELL	m runera.	L BState,	P.A.	. 20 1001 Alla Da	adon Pudas

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death

etoined by the haspital or attending physician.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumant event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical about be detached for use as the burial-transit permit. Then please remaye carbinapath with the State Dept. at Health and Mental Hygiene prior to burial, cremation, air removant

The state of

1	FOR		DEDAR		E OF MARYLAND	CIFUE			
1.	- STATE REGISTRAR		DEPAR		ICATE OF DEATH	B / REG N	2 5 2	6	
87	CEASED NAME FIRE OR PRINT)	51	MIDDLE		AS1	20 DATE OF DEATH	MONTH DAY	YEAR 2	ь HOUR
		Rata	Ann		OSELLE	September 3	29. 1987		8.002 ^
3. SE	x Female	4. RACE Whit	e	S. DATE (st 20° 1934 ^{AR}	6. AGE (IN YEARS LAST BI	RTHDAT) THUNDER		FUNDER ZA ARS
7a BI	IRTHPLACE (STATE OR FOREK	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D THEVER MARRIED	9 BALTIMORE CITY		TH	
-	ITY OR TOWN OF DEATH	11. NAME OF			DROTHER INSTITUTION	Raltimore 126 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	ION 126 K	CIND OF E	BUSINESS OR
	ROSSVILLE		lin Squar		pital	City Corp			
13a. S	STATE 136 Md. I ATHER'S NAME FIRST	Balto.	Balto		13d, INSIDE CITY LIMITS? YES NO ** 15. MOTHER'S MAIDEN NA FIRST		le Road 21	LAST	
14- 3	Clay WAS DECEASED EVER IN U		Sner 166 SOCIAL SEC	LIBITY NO	Grace 17. INFORMANT	ADDR	Schumac	her	
100 (YES GIVE WAR OR DATES)	233-52-		William Ros			3 212	221
z	gave rise to immedia couse (o), stating underlying cause to PART 2 OTHER SIGNIFIC	the DUE TO, C	oras a consequ letastati	uence of c Bre	ast Cancer, M	Metastatic C MINAL DISEASE OR CON	0 1 0 11	ART Ira	
음	190 DATE OF OPERATION	Tini conti	DITION FOR WILL	LL ORED ATIO	N WAS PERFORMED	70s AUTOPSY?	206. IF YES, WERE	EINIDINIC	CHCED
CERTIFICATION	196 DATE OF OPERATION	148 CON	DITION FOR WHIC	H OPERATIO	IN WAS PERFORMED	YES NO NO	IN CERTIFYING C	AUSES O	
	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR	of injury a.m. month i p.m.	DAY YEAR	21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJ.	JRY IN ITEM TO PART I ORP	ART 2)	177
MEDICAL	21d. INJURY OCCURRED WHILE OT WORK OF AT WORK	(AT HOME S	E OF INJURY TREET FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	OWN COU	NTY	STATE
	220. I certify that X1 (this saw the deceased a abave, VI) (we) (did) (22b. SIGNATURE	hospitol) ottended the construction of the con	the deceosed from 20 19 your death.	Septe 87	mber 22, 19 87 nd that in (Xy) (our) opinion	to Septem death accurred on the d	lote and hour and fro	om the co	
	Torons	-mo			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	9/d9	(87)
	224 PHYSICIAN'S NAME	(TYPE OR PRINT)			27e ADDRESS		^^		
22-	BURIAL, CREMATION, REAL	cano. M.D.	Laz	NIAME CT	9000 Frankl	in Square D	r. Balto.	MD	21237
730	Burial Burial	10/2			of Faith	ROSSVIL	le Baltimo	ore M	Marvlar

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR
Connelly Funeral Home 300MaceAve. 21221

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, as remaval IMPORTANT: If them 21 is morked ar them 18 shows any injury, or other froumatic events the medi

The functor director page (S) are fixed within 72 hours ofter death

0675,0

DHMH - 16 60M 7/84 (VRA 15, 4)

		LANI

		L	FOR			DED		ATE OF MARYL		IFAIF			
6622	9 SEP 18	871.	STATE	XC 21	8 18 7	017		IFICATE OF		8 / REG. N	10. 2	5 2	6
			CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	oge 3 deoth			DAVE	A	LEXAN	IDER	RUCKE	R	SEPTEMBE	R 16	. 1987	1.55 PM
	D bo	3 SE	x		4. RACE			E OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	
	4 0 b		MALE		WHITE			GUST 1	2, 190°	80	YRS	MUNTHS DAYS	HOURS MIN.
	1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR COUNTRY) TENNESSI		U.S.A		MAF	RIED NEVER	MARRIED	BALTIMORE CITY			MD
1	人性的	10. C	ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, N	URSING HOA	E OR OTHER INS		120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
50 5		5	FORT HOV		VA ME	DICAL	CENT			INVESTIC	ATOR	"EI INSTEC	URITY
MARYLAND 2120	3600	13a : M2	ARYLAND	136 COUN		13c. CITY OF	NWOT	YES T	NO 🔀			WOOD R	
WARYL	1 12080) I4. F/	GILLIAN		MIDDLE	RUCK		IDA	'S MAIDEN NAM	ME MIDDLE		BLY	51
	2 61. 37		VAS DECEASED EVER				SECURITY N		ANT	ADDR	ESS		
BALTIMORE,	603		YES NO OR UNKNOWN)	193	1-36	218	18 70	17 CLI	NICAL I	RECORDS,	VAMC		
	physican annon emoval event		18 CAUSE OF DEAT PART I. DEATH W	VAS CAUSE	D BY.	Laboratory .		ICER OF	PROSTAT	E			MATE INTERVAL ONSET AND DEATH YEARS
PRESTON ST	death ce ottending ove carb tion, or r		C du v		DUE TO, O	R AS A CON	SEOUENCE O						
```	by the otter ose remove of, cremation		Conditions, if ony gove rise to im- cause (a), statu underlying cause	mediote ng the	(b)	R AS A CONS	SEQUENCE O						Tarell.
5, 20	igned en ple burio	7	PART 2 OTHER SIGI	NIFICANT	ONDITIONS CO	ONTRIBUTING	G TO DEATH	UT NOT RELATE	D TO THE TERM	INAL DISEASE OR COM	IDITION GI	VEN IN PART 1	o l
ORD	requestion or to	₽ ₽	PARKINSO							,			
AL REC	on.  hos beer in permit. iene prio	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERA	ION WAS PERFO	DRMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIF IFYING CAUSES ES []	NGS USED S OF DEATH? NO [
OF VIT	SICIAN: TI 19 physici certificate riof-transit ental Hygi frem 18 sh	247	OR CONTRIBUTING (IF EITHER NOTICE MEDI	CAUSE OF DEA	TH HOUR A.		DAY YE	AR 9	NJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2]	
DIVISION OF VITAL RECORDS, 201	or offending After this cer is as the burio olth and Ment	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY	FFICE FARM, ETC	211 LOCATI	ION	CITY OR TO	NWC	COUNTY	STATE
ō	TTENDIN TOR: Aft for use or of Health		22a.l certify that (I)	(this hospi	ol) attended th	e deceased f	Fom AUG 6 87	UST 27 ond that in (my		, to SEPTEM death accurred on the c		1 ₁ 6 <u>87</u> , ur and from the	that (I) (we) last
	hosi hed hed ept.		226. SIGNATURE	All Valo Ho				DEGREE				22c DATE	
	by the by the ERAL D ERAL D e detoc Store D ANT; If I		( R	4	/www.	4-			ATTENDING PHYSICIAN	MEDICAL STA	CIAN	9-16	5-87
	O HOSPITAL etoined by t TO FUNERAL should be det with the Store		22d. PHYSICIAN'S N.	1/		1.00		22e ADDRE	SS	SVI THE		11.72	
	ctoined ctoined should b		PETER V			.D.		VAM	EDICAL	CENTER I	ORT	HOWARD	, MD
	BP	23a. E	SURIAL, CREMATION,	REMOVAL	236. DATE 09/1	9/87	ST.	F CEMETERY OR STANISL	AUS	BALTO		COUNTY	MD
C	DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR	11	2	ADD	RESS O		25SET	DRE 1 D 8 Y 1987 A	251VRECTS	TRAKSSIGNAT	

But the state of t

The second secon
LONG CONTRACTOR SEC
17/18 A
The same of the same

CTATE OF MADVIAND

	DIAIL	OF M	WKIL	AND	
DEPARTMENT	OF HI	ALTH	AND	MENTAL	HYGIEN

RTMENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIENE 8	REG. N	NO. 2	5	* ) 6:se	6	Es.
LAST	20 DATE	OF DEATH	MONTH	DAY	YEAR	2b 1	HOUR

65878 SEP	18 8	FOR STATE REGISTRAR			DEPARTA		CATE OF D	MENTAL HYG DEATH	IENE 8 7	REG. NO	2	5	1)	6	6,
		DECEASED NAME	FIRST		MIDDLE	LA	\$1		20 DATE OF	DEATH M	HINON	DAY Y	YE AR	2b HOU	R
oy be death		HA	RRY		R.	1	RUDOLPF	ł	72	C	)9	11	87	8:29	9 P _M
moy by	3 :	SEX		4. RACE		5. DATE O			6. AGE (IN YE	ARS LAST BIRTH		IF UNDER	1 YEAR	IF UNDER	24 HRS MIN.
age 4		M		W		01	26	O1	86		YRS.	WORTHS	DAIS	HOURS	Mary.
1 2 de - 6.00	70	BIRTHPLACE (STATE OR F	ORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER A	AARRIED T	9 BALTIMOR	E CITY OR	COUNTY	OF DEA	TH	111	
naro na 722	SIF	ENNERTHAN	SIL	U.	S. A.	WIDOWE	-	VORCED	Ba1	timor	ce Co	unty			MD.
194 3 3	10	CITY OR TOWN OF DEA	ľΗ		HOSPITAL, NURSIN		R OTHER INST	NOITUTION	120 USUAL O				IND OF	BUSINE	SS OR
5 2 2	0	Towson		Great	er Baltim	ore Me	edical	Center		ENGIN			- 4	Gov	Τ.
in 24 hours of the control of the co	U:	UAL RESIDENCE (IF NURSI	ISH COUN		GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e STREET A			-	2	109	3
NND 24 1 24 Indiana	-	MD.	3	ALTO.	BALTO		YES 🗌	NO X		PUR			GE	RD	
× = 2 ~ = 5	14	FATHER'S NAME	11110	MIDDLE	LAST	(FIX)	15 MOTHER'S	MAIDEN NA	WE	MIDDLE			LAST		
MAR wed		HARRY	K.	Rupo		430		MILI	DRED		MM	NO	2		
ond om	160	(YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17 INFORMA	-	0,0	ADDRES	55			210	93
€ 0 c t		No	-		202-09-	4119	Mr. Kay	Ronald	Knowley	علا - 2	-19 G	Lang	kent	300	ze Kel
- 0 0 0 0 E		18 CAUSE OF DEATH	Enter on	ly one couse pe	er line for (a), (b), and	d (cha)				634		8F	APPROXIM	NATE INTER	DEATH
ST., BA		PART I. DEATH W		E CAUSE (o)	Cardiopu	1mona	ry Arre	st	1517316		1146				
		16 16 16 1		DUE TO, C	OR AS A CONSEQUE		,								
PRESTON he deoth c he ottendir emove cork motion, or r froumotic		Conditions, if ony,		(b)_	Pneumoni	a									
. + + - 0 0		gove rise to imm couse (o), stofin	the .	DUE TO, C	OR AS A CONSEQUE	NCE OF									
201 W es that ned by please urial, cr		underlying couse	lost.	(c)	ASCVD										
	1,	PART 2 OTHER SIGN	IFICANTO	ONDITIONS C	ONTRIBUTING TO L					OR COND	ITION GIV	EN IN PA	ART Ira		
2 2 2	NOTIFIC ATION	Abdom:			Aneurysm			natic a		Cons	tric	tive	per	ica	rditi
RECO	1 2	190 DATE OF OPERAT	ION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOR		206 IF YES	YING CA		OF DEAT	H?
TAL The icion te horsit posit psit psit psit psit psit psit psit p	4			2 20 7005	05 014404				6.0	NO		S X		NO [	
AN: T ohysici ohysici fronsi		OR CONTRIBUTING C			OF INJURY A.M. MONTH DA	Y YEAR	ZIC HOW IN	JURY OCCURE	ED (ENTER NATI	IRE OF INJURY	IN ITEM 18 P	ART I OR PA	ART 2)		
ON OF VYSICIATE of the Street	MEDICAL	(IF EITHER NOTIFY MEDIC			P.M.	19	A11 1 0 C 1 T 10	201		100					
PHY PHY Pendi this this nd M	AF	21d. INJURY OCCURR			TREET FACTORY, OFFICE F	ARM, ETC )	211 LOCATIO	N		CITY OR TOW	/N	COUN	VIY	51	TATE
	23	AT WORK AT WOR	K _			A	15 5	97	Con	tombo	· 11	. 07			
TEND Tologo OR: A F Heol		22a I certify that (I) sow the decease	this hospi	Septem	ber 11 10 8	Augus		(our) opinion (		tembe				hot (I) (w	
OR ATT e hospit DIRECTO oched fo Dept. of them 21		obove, (I) (we) (d	d) (did no	t view the bod	y ofter death.	. 011	EGREE	(OOT) OPTIMON (	deoin occorred	on me doi	e ond noo		1.7.	GIGNED	Tea
0 2 0 0 4		La V		15	al un		A A	ATTENDING _	MEDICAL _	STAFF					-
HOSPITAL ( ned by the FUNERAL E uld be deto the State E ORTANT: #	1	276, PHYSICIAN'S NA	ME ITYPE O	L seg	حولانا مع	,,,	22e ADDRES	PHYSICIAN [	DIRECTOR	J PHYSICI.	ANXX	109	9 ]	12 8	87
O FUNE O FUNE O FUNE On FUNE On The S					1000			N. Cha	rlas C	- т	OLICO S	MT	2	1204	
O HOS etoined TO FUN with the	-	Howard				14.445.06.5					owson	, FIL		1204	
	23	BURIAL, CREMATION,			-		METERY OR	_	23d LOCAT	HAVE	0	COUNTY		- A	LATE D.
BP	24	OURIAL	-	9-16	- 01 1	NNST	OWN	CEN.	LOCK	MAVE	Ch DECTAR	S. DES	LINT	477	supra.
DHMH - 16 60M 7/84	1	PUNERAL DIRECTOR		7500	M ADDRESS A	no		250. DAZ	P 15"	1987°	J. J. ST	n 241 3 31	GIVATU	IIV E	

A S Do Victoria (Control of Control of Contr of audit ranking the x 1 oracle tool and William PIE - Lind of Reg World Michigal - 219 Garden Rolling

BOOMER BY POWERDING CON LICENSING BY DISTRICT

LA KALLY OF TO LODGE DELLA SERVICIONE

STATE	OF	MARY	ANI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	NO.	5	2	Ó	94

-8	8 ¹ 7-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 7 REG. NO. 5	265
		CEASED NAME FIRST		PAUL	Ri	RUDOLPH ADOLPH	SEPTEMBER 02	198 1/2:53 PM
L	3 SEX	111 -	4 RACE		5 DATE C		UNDER I YEAR IF UNDER 24 HRS	
		MALE	White		Augus	st 26, 1920	67 YRS	
j.	Jo. BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	BALTIMORE CITY OR COUNTY C	
)		ryland	U.S.		WIDOWE		BALTIMORE	COUNTY MD.
8	7	OW SON	ST. J	CH FACILITY, GIVE STREET	S ADDRESS)	OSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Sales Manager-Roy	
5	130. S Ma	,	or other institution UNITY timore	13c CITY OR TO Hillend	WN	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / ZIP CODE 1219 Dalton Rd.	21234
0		THER'S NAME FIRST  11iam	WIDDIE	Rudolph		IS. MOTHER'S MAIDEN NA FIRST Minnie	WE	Kitzig
/		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	
	Ye	s WW		215-03-	1479	Bernice T.	Rudolph - same as	
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU IMMED	anly one couse pe SED BY: IATE CAUSE (a)	CARCI	NOM	A of PRE	OSTATE with	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)_	DR AS A CONSEQUENCE OF AS A CONSEQUENCE	- /	Metastasi	\$,	Years ?
	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE JERN	AINAL DISEASE OR CONDITION GIVEN	N IN PART Tro
2	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
7		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A	DF INJURY .M. MONTH I	DAY YEAR	?1c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TS PAR	T T OR PART 2)
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		270.1 certify that (I) (this ha saw the deceased alive	on 4-	7195	_ / ')	nd that in (my) (our) apinion	death accurred on the date and have	and from the causes stated
		216 SIGNATURE	Weder	,		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9-2-87
/		27d. PHYSEIAN'S NAME (TY		MD.		7600 OSC	LER Dr. 70	ruson 2/204
	- 4	SURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Bu	rial	9-5-8			y Valley	Cockeysville,	Balto., Md.
1		JNERAL DIRECTOR		ADDRESS	York H	itu.	TE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
	Ru	ick Towson Fun	eral Home	e, Inc.,	Cowson	, Md. 21204	004 1097	

DHMH - 16 60M 7/B (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR: A should be definited for one with the State Once of Heal INPORTANT. If here 21 is millioned.

71 - 3 - - - -

CED C	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND  LENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE REG. NO. 2	200
SEP 2	T. DE	EASED NAME FIRST OR PRINT)	D. Rus	SIN K	20 DATE OF DEATH MONTH	6 87 4:50 P
ō	3 SE	Female	4 RACE	S DATE OF BIRTH MONTH DAY YEAR 11 23 6	70 YRS	IF UNDER 1 YEAR IF UNDER 24 HR
Ge / 20		ATHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED MOONED MO	Baltimore County  Baltimore Coun	ty "
5008	-	OWSON	11. NAME OF HOSPITAL, NURSING	HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Teacher	12b. KIND OF BUSINESS OF INDUSTRY City
Supplied Sup	130. S Ma	TATE 136 COU	1timore Luthervi	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 112 Tregarone R	oad 21093
Colexamo		Louis  /AS DECEASED EVER IN U.S. AR	Pizzoli  RMED FORCES? 166 SOCIAL SECUE	Rose	MIDDLE	Delago
he medi		es, no or unknown) (IF yes Gi	1/2 WAR OR DATES) 212-20-9	618 John D. Rusi	nko 112 Tregarone	Road 21093
otic event, 1		PART I DEATH WAS CAUSE	inly one couse per line for (0), (b), and ED BY: ATE CAUSE (0)	1 ) . [ ]		3 days
njury, or other troum	NOI	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF SEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
Shows only in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
Hem 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH DA	19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART ?)
orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, FA	ARM. ETC.)	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this hasp sow the deceased alive or	n 916	, and that in (my) (our) opinion	death occurred on the date and hou	
21 IS		obove, (I) (we) (did) (did no	of the wither body offer death.	DECREE		
Dept of He Hem 21 is		obove, (1) (we) (did) (did no 226, SIGNATURE Brean H.	Keln, MO		MEDICAL STAFF DIRECTOR PHYSICIAN	9/16/87
Hem 21 is		Obove, (1) (we) (did) (did no 226, SIGNATURE  Break H.  226, PHYSICIAN'S NAME (TYPE OF ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	Keln, MO  ORPRINI) Kalin, MO	ATTENDING PHYSICIAN 220 ADDRESS S820 YOU	rk Rd. Belto	9/16/87
Dept of Heal	В	obove, (I) (we) (did) (did no 22b, SIGNATURE Brean H. 22d, PHYSICIAN'S NAME (TYPE	CRPRINT) Kaln, MO L 23b. DATE 23c N	ATTENDING PHYSICIAN  270 ADDRESS  SB20 YOU  AME OF CEMETERY OR CREMATORY  laney Valley	K Rd. Balto  23d LOCATION CITY OF TOWN Lutherville Ba	9/16/87

The Court is a service of the court of the c con V Marris Tairid Billing total percentage and account to account about 6-4-4

Discontinuous from 1907 and some street SEP 22 1807 ALLESS FOR

		LAND

0658	4 8 SEP 16		Caroline		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 / REG. NO		9740
S 11 9 17 1	m 5	1 DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	SHOUR O
	60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Caroline	Eva	Rutledge		9 7 87	A.M.
2 3 77	o o o	3 SEX	4 RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		HOURS MIN.
-10	rs of	Female	WI WI	nite	1 17 1889	98	YRS.	THE STATE OF THE S
	D = 2	To BIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	the state of	Maryland	U.S	.A.	WIDOWED DIVORCED	Count	y Baltimore	P M
	7 2 2	10. CITY OR TOWN OF DE			G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 12b. KIND OF	BUSINESSO
56	s off	Towson, M	ח וויחיים כ	ANEY TOW	SON NURSING	Homemaker	F WORKING LIFE) INDUSTRY OWN HO	me
ND 212	filled in sould be f	USUAL RESIDENCE (# NUR 130. STATE MD	SING HOME OR OTHER INSTITUTION 13h COUNTY Baltimore	13c. CITY OR TOW Reister		3028 Black	ZIP CODE Rock Rd:, 2	1136
MARYLA	maletely and 2 sh	14. FATHER'S NAME John	MIDDLE	Mueller	15. MOTHER'S MAIDEN N Caroline		Hackel	
IMORE,	n ond co	(YES, MYS UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	215-54-1		C. Rutledge,	same as #13e	2
T., BALT	physicia inpapers emaval.	18 CAUSE OF DEA	TH (Enter anly one cause powAS CAUSED BY:  IMMEDIATE CAUSE (a)	er line for (a) (b), on	e dear	anex	Switch Of	Ide-
SNOTS	th cer corba	Canditions, if any		OR AS A CONTOR	Ser Con		5 +	yes.
W. PRE		gave rise to im cause (a), state underlying caus	mediate DUE TO, 0	OR AS A CONSEQUE	ENCE OF		/	
DS, 201		PART 2 OTHER SIG	MIFICANT CONDITIONS	CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART Tra-	
1 RECOR	4 1 1 9	19a. DATE OF OPERA	ATION 196. CON	DITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
4	9 8 8 6	710 ACCIDENT WAS UN	DERLYING T 218. TIME	OF INJURY	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	

19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUT		20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
			YES 🗌	NO	YES 🗌	NO 🗌
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRED	) (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M

214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOI WHILE

17e I pertify that (I) Ithis hospitals attended

22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN GORECTOR PHYSICIAN

22e. ADDRESS

Moreland Mem. Park

224 PHYSICIAN'S NAME (TYPE OR PRINT)

York Rd. Towson, Maryland 21204

Charles T. O'Donnell M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial COUNTY

24 FUNERAL DIRECTOR ADD 1050 York Rd.

9-10-87

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

ilia Dividion. Randale

Baltimore County, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

		16 87
	problem to the second	
no.Lienal	1000	
ales of militar of		
به ولي ركزه ود		
bank on	Property of the second	
	allowed to the secure to	
Manager . Se least		

04.4

6678	7 SEP	NEG TO THE M	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	H 8 / REG. NO. 2	5 2 6 8
24 be	deoth	1 DECEASED NAME FRST HILDA	M. M.	SALOMON SALOMON	9/	2 2/87 3 7
oge 4 mc	ours after	Jenale 4. RACE	Lita	DATE OF BIRTH  MONTH  DAY  YEA  10  18	398 88	MONTHS DATS HOURS MILL
dec.n. p	35	Mary/and 16 CITIZEN	OF WHAT COUNTRY?	MARRIED NEVER MARRIE	DAK-INOVE	County
201 urs ofter	90	TO CITY OR TO WIN CHEEKTH	KRIST	GHOME OR OTHER INSTITUTION	TEAR IN A	IXING LIFE) 126 KIND OF BUSINESS OF INDUSTRY Hairdressin
LAND 21	3	THE STATE MANY AND LINE COUNTY	130 GTY OPTOWI	N 134 INSIDE CITY LIM	1553 NO	Other Dece
MARY fed with	30	MOSE MODE	Salom	ON Mas	MIDDLE	OFFEE
IMORE or and	Poge	160 WAS DECEASED EVER IN U.S. ARMED FORCE			ickersgill Home	615 Chestrus 7

	18	Temale	White	10	10	1898	88	YRS	NONTHS DATS	HOURS MIN.
<		RTHPLACE ISSUED PROBLEMS 7	b CITIZEN OF WHAT COUNTRY?	MARRIED [	NEVER M	ARRIED 2	9 BALTIMORE CITY O	R COUNTY	OF DEATH	J.
	10 CT	TY OR TOWN OF DEATH	T. NAME CU HOSPITAL, MURSIN	WIDOWED [		ORCED [	12e USUAL OCCUPATE	NO.	126 KIND OF	RUSIN'SS OR
1	T	145841	IN ACHTACILITY, CHAPTER	ADDRESS	stru	+ are	(TYPE OF WORK FOR MOST O			cessing
,		AL RESIDENCE IN MIRRING HOME OF C TATE ITM COUNT	THE INSTITUTION, GIVE RESIDENCE BEFORE		Id. INSIDE CIT	Y HAAITS2	13e STREET ADDRESS	ZIP CODE	1 0	11239
$\leq$	1	Jarganh V -	Ralling	37.5	YES P	NO 🗆	15531	UDIT	hera	Pkur
G	IL FA	THERENAME	ODE AST	15	MOTHER'S	MAIDEN NAM	MIDDLE		الما م	1- "
-	16a W	/AS DECEASED EVER IN U.S. ARM	SED FORCES? 166 SOCIAL SECU	9/1) RITY NO. 17	7 INFORMAN	ITD.	ADDRE		10-101	1
2	Y	ES NO OR UNKNOWN) (IF YES, GIVE	2/3-10-	1237	8010	Picker	rsgill Home	019	2120	- muta
	1	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane couse per line for (a), (b), and				111	111	APPROXIM BETWEEN OF	NSET AND DEATH
		IMMEDIATE	ROC11 11	21/0/2					9/18.	-9/21
		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	fadic	leng	ed CA	wee		5/2	187
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE							
		underlying couse last	(c)							
	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED T	O THE TERMI	NAL DISEASE OR CON	OITION GIVE	EN IN PART I O	
	ō									
1	CATIO	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	WAS PERFOR	MED	20a AUTOPSY?		, WERE FINDING	
)	RTIFICATION		196 CONDITION FOR WHICH				YES NO	IN CERTIFY	YING CAUSES (	
)	A CERTIFICATION	19g DATE OF OPERATION  21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEAT	216. TIME OF INJURY	2				IN CERTIFY	YING CAUSES (	OF DEATH?
)	1000	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216, TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	Ne HOW INJ	URY OCCURR	YES NO	IN CERTIFY	YING CAUSES (	OF DEATH?
)	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE	216. TIME OF INJURY H HOUR A.M. MONTH DA	Y YEAR 19		URY OCCURR	YES NO	IN CERTIFY YES	YING CAUSES (	OF DEATH?
1	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFF MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 2	TICHOW INJ	URY OCCURR	YES NO	IN CERTIFY YES	YING CAUSES (  DESCRIPTION OF PART 2)  COUNTY	PE DEATH?
7	1000	21d. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 2	II LOCATION STREET	URY OCCURRI	YES NO	IN CERTIFY YES Y IN ITEM 18 PA	COUNTY  cond from the co	STATE  STATE  STATE  DOT (1) We lost ouses stated
7	1000	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22d.1 certify that (I) this haspite sow the deceased always.	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 2	II LOCATION STREET  That in (my) GREE  AT	URY OCCURRI	YES NO CITY OR TO	YES YIN ITEM 18 PA	COUNTY	STATE  STATE  STATE  DOT (1) We lost ouses stated
)	1000	21d. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA Dig attended the deceased from 19 8	Y YEAR 19 2 ARM ETC.) 2	II LOCATION STREET  That in (my) GREE  AT	URY OCCURRI	YES NO CITY OF TO	YES YIN ITEM 18 PA	COUNTY  cond from the co	STATE  STATE  STATE  DOT (1) We lost ouses stated
)	1000	21a, ACCIDENT WAS UNDERLYING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOTI WHILE SOWN CAUSE OF DEAT AT WORK 22a.1 certify that (I) (In) is haspite sow the deceased also above, (I) when (did (did not))	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA Dig attended the deceased from 19 8	Y YEAR 19 2 ARM ETC.) 2	II LOCATION STREET	URY OCCURRI	YES NO CITY OR TO	IN CERTIFY YES YIN ITEM 18 PA	COUNTY  cond from the co	STATE  STATE  STATE  OUT (I) (We) OST  OUSSES STATE  OUSSES STATE
)	WEDICAL B DECAL	21a, ACCIDENT WAS UNDERLYING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOTI WHILE SOWN CAUSE OF DEAT AT WORK 22a.1 certify that (I) (In) is haspite sow the deceased also above, (I) when (did (did not))	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA  Dil ottended the deceosed from 19  Wiew the body ofter death.  PRINT)  PRINT)  23b. DATE  23c. N	Y YEAR 19 2 ARM ETC.) 2	II LOCATION STREET  THOSE IN (IMY)  GREE  AT  IP  THE TERRY OR CE	OURY OCCURRI	YES NO CITY OF TO CITY OF TO PHYSIC P	IN CERTIFY YES YIN ITEM 18 PA	COUNTY  19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STATE  STATE  STATE  OUT (I) (We) OST  OUSSES STATE  OUSSES STATE

TO FUNERAL DIRECTOR. After the centil thould be detached for use in the buriable with the Store Dept of Penalth and Mental MPORTANT. If herr 21 is marked or them

TO HOSPITAL OR ATTENDING PHYSICIAN. The In-entired by the hospital or otherding physician.

DHMH - 16 60M 7/B4 (VRA 15, 4)

25h REGISTRAR'S SIGNATURE
Julia Davidson Radalla

Ruck Towson Funeral Home, Inc., Towson, Md. 2120 Tork Rd.

STATE OF MARYLAND

667	8 4 SE	P 2	518	FOR STATE .REGISTRAR			DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	2 5	20	9_
				EASED NAME	FIRST	Lon H	MIDDLE	L	AST	DATE OF DEATH	ME TH	DAY YEAR	26 HOUR
0	1 th		3411	OK PKINT)	HEL	EN	R.	SC	HAD	Septembe	r 18,	1987	11:45 Pu
may	0.0		3. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HRS
0 :	nt of		I	Female		White		Sept.	ember 5, 1896	91	YRS	MOINTS DATS	INCORO MINI
0	200		70 BIR	RTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
1	15	5		aryland		U.S	S. A.	WIDOWE		Baltimo	re Co	ımtv.	MD.
- 5	110	N		Y OR TOWN OF DE	ATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
10 to	10 /S	0	I	Luthervil	Le		lege Mano			Home Make			Home
212	51 2	-		L RESIDENCE (IF NUI		ROTHER INSTITUTION		E ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		-	21190
N T	13 4	5		rvland		imore	Luthery		YES NO X	8618 Val			13
AL I	13x 1	100		THER'S NAME	Dall				15. MOTHER'S MAIDEN NAM	ΛE	7220		
MAR	1/3/			Herbert		W	Rutheri	Fond	Annie	WIDDLE		Phillip	
RE, A	1 500	11		AS DECEASED EVE		RMED FORCES?	16b SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR			
WO	200 F		Į¥	NO	(IF YES GIV	VE WAR OR DATES)	216-46-8	3500	John S. Schae	d. Jr. San	ne as	#13.	
ALTI	me in	1		18 CAUSE OF DEA	TH Enter a	nly ane cause pe	er line far (a), (b), an		John D. Dollar	, , , ,			ONSET AND DEATH
di in	physical property of the prope			PART I. DEATH	WAS CAUSE	ED BY: TE CAUSE (a)			NMONIA				MINAL
5 2	arribo or re				IMMEDIA		OR AS A CONSEQU						22. 4
STO	then the co			Canditians, if an	y, which	( ib)	C.V.A-	EIACE OF				WE	2765
8 4	o sta			gave rise to in cause (a), stat	nmediate	DUETO	OR AS A CONSEQU	ENCE OF					
3	office of			underlying caus		100000	JR A3 A CO143E00	LIVE OF			31.20		
20 1	1			PART 2 OTHER SIC	SNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
SOS	1 2 2 2		NO			C	A.D., 1	1TN					
DIVISION OF VITAL RECORDS	DE 8	5	CERTIFICATION	19a DATE OF OPER	ATION				N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
IL RE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	TIFIC			14				YES NO		S [	NO [
7117	rosicione rosici	0	CER	21a. ACCIDENT WAS U		110110	OF INJURY	AV VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)	
OF CLAP	certific unial-tr Nental H	7	AL	OR CONTRIBUTING		AIR	P.M.	AT TEAK					
NO THE	buris ce	/	MEDICAL	21d. INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
VISI G PI	s the		×	WHILE NOT V	VHILE	(AT HOME, S	TREET, FACTORY OFFICE	PAKM ETC }	SINCET				
2 2	Afi			22a.1 certify that (		ital) attended t	he deceased fram_	7	11/11 1985		8	1987	that (h (worldast
E E	TOR for u			saw the decea	sed alive ar	view the bad	8 19_	87 .0	nd that in (my) (aux) apinian o	death accurred an the c	late and hau	or and from the	causes stated
-	has hed ept ept			226. SIGNATURE		• 0	11		DEGREE			22c DATE	SIGNED
0 7	the Detoc			Den	old o	7. Jon	eville.	W.	ATTENDING PHYSICIAN	MEDICAL STA	CIAN [	19/-	21/87
TIAS	FUNERAL Jid be det The State	1		22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)	1		22e. ADDRESS				
Ŏ.		/		Donald 1	. Som	nerville	, M.D.		Virginia Tov	wers Penns	ylvan	ia Ave.	Towson.mc
5	sho sho	-	23a B	URIAL, CREMATION				NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	BP		(	Specify) Burial		Sept. 2	2. 1987	Mead	owridge Cemete	erv Elkric	lge	Howard.	Maryland
				INERAL DIRECTOR		Bept. 2	1, 1901	050 V	ork Road 250. DATE	REC'D. BY REGISTRA	256 REGIS	RAR'S SIGNAT	TURE
DH	(VRA 15, 4)	/B4	Rı	ick Towsor	Fime	ral Hom	ne. The	Owenn	Md. 21204 SFF	2 A 1087	Julia	Dividers.	Kendally
	- '			2011001			,	CMPOIL	Junior SEE				

Book at the street months to any state of the second state of the second second second second second second se Long trees have been been been been seen as \$12.24.288 executed within 24 hours ofter

STATE OF MARYLAND

REG. NO	5	2	1	,

SED REGISTRAR			CERTIFICATE OF		S / REG. N		75.40	*
(TYPE OR PRINT) CCHA			Cah	aefer	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	Hargar		•		September			6:15 a
Female	White		July 28 19	922 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	ONTHS DAYS	IF UNDER 24 HRS
7 BIRTHPLACE (STATE OF FOREIG	76 CITIZEN OF WH	IAT COUNTRY?	MARRIED & NEVER	AAARRIED 🗍	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
Maryland	USA			ONORCED	Baltimore	County		M
ROSSVILLE	Frankiii	SPITAL, NURSING ACILITY GIVE STREET AD N Square	HOME OR OTHER INS	STITUTION	12a USUAL OCCUPATION HOUSEWIFE	ION	12h KIND O	F BUSINESS O
Md.		ESSEX	13d INSIDE	NO **	13e STREET ADDRESS 247 Sout		rn Cou	rt 2122
14. FATHER'S NAME FIRST  Joseph		cIntyre		e's maiden nam first Mary	MIDDLE		LAS	1
160 WAS DECEASED EVER IN U.  (YES, NO OR UNKNOWN)  (16)	YES GIVE WAR OR DATEST	6 SOCIAL SECURI 320-05-3			efer 247Sou			rt2122]
gove rise to immedia	ote )		ic Breast C	ancer	-		+	
couse (a), stating the underlying couse to PART 2 OTHER SIGNIFIC	DUE TO, OR A  ost.  (c)  CANT CONDITIONS CON	S A CONSEQUEN	NCE OF	ED TO THE TERMI				
couse (a), stating the underlying couse to PART 2 OTHER SIGNIFIC	DUE TO, OR A  ost.  (c)  CANT CONDITIONS CON	S A CONSEQUEN	NCE OF	ED TO THE TERMI	NAL DISEASE OR CON  200 AUTOPSY?  YES NO	20b. IF YES, V	WERE FINDIN	IGS USED
PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYIN	DUE TO, OR A  (c)  EANT CONDITIONS CON  19b. CONDITIO  ING  21b TIME OF IT  HOUR A.M.  XAMINER)  P.M.	IS A CONSEQUEN TRIBUTING TO DE DN FOR WHICH O NJURY MONTH DAY	PERATION WAS PERF	ORMED	20a AUTOPSY?	20b. IF YES, VIN CERTIFYI	WERE FINDIN ING CAUSES	IGS USED OF DEATH?
PART 2 OTHER SIGNIFIC  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALEX  21d INJURY OCCURRED  WHILE NOTIFY MEDICALEX  AT WORK NOTIFY MEDICALEX  AT WORK NOTIFY MEDICALEX  AT WORK NOTIFY MEDICALEX	DUE TO, OR A  (c)  ANT CONDITIONS CON  19b. CONDITIO  19b. CONDITIO  21b. TIME OF IN HOUR A.M. P.M.  21e PLACE OF (AT HOME STREET.	TRIBUTING TO DE  TRIBUTING TO DE  DN FOR WHICH O  NJURY  MONTH DAY  INJURY  FACTORY, OFFICE, FAR	PEATH BUT NOT RELATE  OPERATION WAS PERFORM  ( YEAR 19 211, LOCAT STREET)	ORMED  INJURY OCCURRE	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY! YES	WERE FINDIN ING CAUSES IN LOR PART 2)	IGS USED OF DEATH?
PART 2 OTHER SIGNIFIC  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYII  OR CONTRIBUTING CAUSE (1) ETHER NOTHY MEDICALEX  21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that M (this  Sow the decessed of  obove, Markes (ed.) (d)  A couse 101, stoting of  PART 2 OTHER SIGNIFIC  AUTOMATICAL EXAMPLES  21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that M (this  Sow the decessed of  obove, Markes (ed.) (d)	DUE TO, OR A  (c)  ANT CONDITIONS CON  19b. CONDITIO  19b. CONDITIO  21b. TIME OF IN HOUR A.M. P.M.  21e PLACE OF (AT HOME STREE)	TRIBUTING TO DE  TRIBUTING TO DE  DN FOR WHICH O  NJURY  MONTH DAY  INJURY  LEACTORY, OFFICE, FAR	PEATH BUT NOT RELATE  OPERATION WAS PERFORM  ( YEAR	ORMED  INJURY OCCURRE	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FINDING CAUSES  TO I OR PART 2)  COUNTY  9.87	IGS USED OF DEATH? NO   STATE
PART 2 OTHER SIGNIFIC  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EX  21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK AT WORK  22a.1 certify that M (this  sow that deceased all  obove, Maye) (did) (a  22b. SIGNATURE)	DUE TO, OR A  (c)  ANT CONDITIONS CON  19b. CONDITION  19b. CO	TRIBUTING TO DE  TRIBUTING TO DE  DN FOR WHICH O  NJURY  MONTH DAY  INJURY  LEACTORY, OFFICE, FAR	PEATH BUT NOT RELATE  OPERATION WAS PERFORM  (YEAR 19 211. LOCAT STREE  OPERATOR  OPER	ORMED  INJURY OCCURRE  ION  ET  19 87  y) (our) opinion d  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO ED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR WN  EY 5 19 ote and hour of	WERE FINDING CAUSES  THE TOP PART 2)  COUNTY	IGS USED OF DEATH? NO  STATE
PART 2 OTHER SIGNIFIC  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYII  OR CONTRIBUTING CAUSE (1) ETHER NOTHY MEDICALEX  21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that M (this  Sow the decessed of  obove, Markes (ed.) (d)  A couse 101, stoting of  PART 2 OTHER SIGNIFIC  AUTOMATICAL EXAMPLES  21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that M (this  Sow the decessed of  obove, Markes (ed.) (d)	DUE TO, OR A  (c)  EANT CONDITIONS CON  19b. CONDITION  19b. CONDITION  19b. CONDITION  19b. CONDITION  21b. TIME OF It HOUR A.M. P.M. 21e PLACE OF (AT MOME STREET.  5 hospital) attended the d  19b. CONDITION  21c. PLACE OF It HOW A.M. 21c. PLACE OF It HOW A.M. 21c. PLACE OF It HOW A.M. 21c. PLACE OF IT HOW AND IT IN THE OR PRINTING  11 (17 PE OR PRINTI)	TRIBUTING TO DE  TRIBUTING TO DE  DN FOR WHICH O  NJURY MONTH DAY  INJURY LEACTORY, OFFICE, FAR  Jecepsed from Section 1987  Ter death.	PEATH BUT NOT RELATE  OPERATION WAS PERFORM  ( YEAR 19 211. LOCAT STREET)  PROMISER 19 211. LOCAT STREET  OPERATION WAS PERFORM  210. HOW I	ORMED  INJURY OCCURRE  TION  19 87  Y) (our) opinion d  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  N Square D	20b. IF YES, IN CERTIFYI YES  RY IN ITEM 18 PAR  WN  PY 5 19  tote and hour co	COUNTY  22 DATE	IGS USED OF DEATH? NO  STATE
COUSE (10), stoting to underlying couse lo  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE (# EITHER NOTIFY MEDICAL EX  21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that M (this sow the deceased of above, Maye) (did) (a)  22b. SIGNATURE  22d. PHYSICIAN'S NAME  Jeanne L.  23a BURIAL, CREMATION, REM.	DUE TO, OR A  (c)  CANT CONDITIONS CON  19b. CONDITION  19b. CONDITION  19b. CONDITION  21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET, AT HOME	TRIBUTING TO DE  ON FOR WHICH O  NJURY MONTH DAY  INJURY LEACTORY, OFFICE, FAR  Jecegsed from Se  19  87	PEATH BUT NOT RELATE  OPERATION WAS PERFORM  ( YEAR 19 211. LOCAT STREET)  PROMISER 19 211. LOCAT STREET  OPERATION WAS PERFORM  210. HOW I	ORMED  INJURY OCCURRE  TION  19 87  Y) (our) opinion d  ATTENDING PHYSICIAN   ESS  Frankli	YES NO CITY OR TO  CITY OR TO  TO SEPTEMB  MEDICAL STA  DIRECTOR PHYSIC  1 SQUARE D  1234 LOCATION	20b. IF YES, IN CERTIFYI YES  RY IN ITEM 18 PAR  WN  er 5 19  tote and hour control of the contr	COUNTY  222 DATE	IGS USED OF DEATH? NO   STATE
PART 2 OTHER SIGNIFIC  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 21d INJURY OCCURRED  WHILE AT WORK  22a. I certify that IA (this saw thatege) (did) (a 22b. SIGNATURE)  22d PHYSICIAN'S NAME  Jeanne L.	DUE TO, OR A  (c)  CANT CONDITIONS CON  19b. CONDITION  19b. CONDITION  19b. CONDITION  21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET, AT HOME	TRIBUTING TO DE  ON FOR WHICH O  NJURY MONTH DAY  INJURY LEACTORY, OFFICE, FAR  deceased from 86  19  23  NA  23  NA	PEATH BUT NOT RELATE  OPERATION WAS PERFORM  ( YEAR 19 211. LOCAT STREE  PROMETO 211. LOCAT STREE  PROMETO 211. LOCAT STREE  PROMETO 221. ADDREE  9000	ORMED  INJURY OCCURRE  INJURY	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  SEPTEMB  CITY OR TO  MEDICAL STA  DIRECTOR PHYSIC  1234 LOCATION CITY OR TOWN	20b IF YES, IN CERTIFYI YES  RY IN ITEM 18 PAR  WN  Er 5 19  tote and hour of the condition	COUNTY  287  21237  COUNTY  COUNTY	STATE  Maryl

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physical should be detached for use as the burial-transit permit. Then please remove controlled with the State Dept. of Health and Mental Hygiene prior to burial, cremetten, at removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

9-28-87

State Anatomy Board

Removal

24 FUNERAL DIRECTOR

BP

**DHMH - 17** 

(VR A15 ME (5))

07/84

2500

STATE

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEP 28 1987

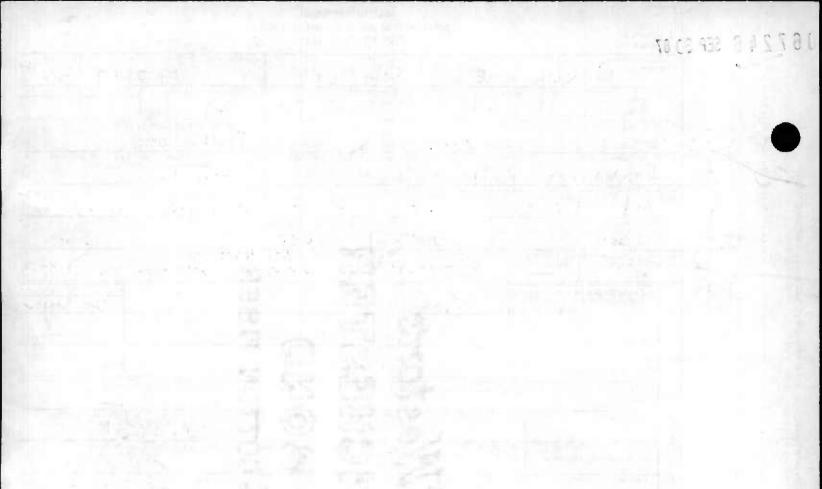
067246

STATE	OF	MARY	AND
-------	----	------	-----

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1		1
Ca	5	64	4
(Da. 48)	4.		

6 SEP 3		FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 7 REG. NO.	5 2 / 2	
,		CEASED NAME FIRST	WIDDIE	_	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOL	JR 4
deoth deoth	,,,,,	CARRI	E dna	SCH	1 MIDT	69	28 67 51	30 AM
0 0	3. SE		4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ) YEAR IF UNDER	
rs of		Jemale	white	MONT	27 OS.	.81	RS MONTHS DATS HOURS	MIN.
57		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COL		
350		aryland	United States	WIDOWE		Balto Ca	inty	MD.
36	10 C	Randallstown	11. NAME OF HOSPITAL, NURSIN		HUSD	12a USUAL OCCUPATION (TYPE OF TYPE OF WORK , Homemaker	INDUSTRY	ESS OR
mussibe	₩5U. 13a	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY ATE	OTHER INSTITUTION GIVE RESIDENCE BEFOR	/N	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STORET ADDRESS / 710	Lane	7:
E C	14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ML	LAST	
720		Michael	War	d	Mamie		Pope	
dicol		VAS DECEASED EVER IN U.S. AR			17 INFORMANT Mr.	James Jubass		
1/		no	215-07	- 649-	3607 Durley	Lane Baltimo	re, MD. 2120	7
		18 CAUSE OF DEATH (Enter on	nly one couse per line for a), (b), or D BY:	id (c).)			APPROXIMATE INTE	PEATH
6			TE CAUSE (0) Sep	515			20 Jan	01
A /			DUE TO, OR AS A CONSEQU	ENCE OF	( )			
TO YOU		Conditions, if any, which	( 16) CO 1	SVIC	· a			
or other t		couse (0), stoting the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF	tatic De	rease		
injury, o	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PART 110	
Àux Sun	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IN C	FYES, WERE FINDINGS USE ERT IFYING CAUSES OF DEAT YES NO	TH?
8 8	E.	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
E 7	¥	OR CONTRIBUTING CAUSE OF DEA	ain -	19	150			
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
ked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE	FARM, ETC.)	21KEE1	(III OR IOWN	COUNTY	TAIL
E			tal) attended the deceased from	09	28 198	10 09 1 29	19 6 that (li (	we) lost
21 15				0.0	d that in (my) (our) opinion o	death occurred on the date onc		
E		22b. SIGNATURE	it! view the body after death.		DEGREE	14.7	22c. DATE SIGNED	
±		X	Mupto Tu	0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	× 09/281	87
AT.		226 PHYSICIAN'S NAME (TYPE O	OR PRINTE	7	22e ADDRESS		10.1	
MPORTAN		5. K.	Gupts, m	)	Prosto Co Ge	uttosp Nan	dallstown 21/2	,3
1	23a E	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	TATE
-		Burial			ne Park Cem.	Baltimore	Baltimore	MD.
M 7/84	24 FL	INERAL DIRECTOR Loring	Byers Funeral I	irect	ors, Inc. 25a DAI	REC'D. BY REGISTRAR 256 RE		
4)	8	728 Liberty Roa	d Randallstown,	MD.	21133 SEP	28 1987 Juli	a Divideon Randae	A.



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND, 2120

CTATE OF MADVIAND

		1.	FOR - STATE REGISTRAR		DEPARTN	CERTIFICATE (	ND MENTAL HY	GIENE REG. NO	09 5 2	73
067	536 oci	1. DE	CEASED NAME FIRST		MIDDLE	LAST				YEAR 26 HOUR
008		_	1.17-11/(1/-)		-	SCHMID	л		9-29- 8	
	o albert	3. SE	FEMALE	4 RACE WHI'	re		2- 98	6. AGE (IN YEARS LAST BIRT	MONTHS	RIYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
0	1 8	100	IRTHPLACE (STATE OR FOREIGN SALTO - MD		WHAT COUNTRY?	MARRIED NEV		9. BALTIMORE CITY O	R COUNTY OF DE	<b>ATH</b> MD.
. 3	1190		BALTIMORE	(IF NOT IN SU	CH FACILITY, GIVE STREET	G HOME OR OTHER	INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b I F WORKING LIFE) INDI	KIND OF BUSINESS OR
ANDZIZ	1135	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION		ADMISSION) 13d INSI	DE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	. 2/22
MARYL	10-80	14 F	1 - 1/1/	MIDDLE	FISCHE	_	HER'S MAIDEN NO	MIDDLE	n	novers
TIMORE	Poges		NAS DECEASED EVER IN U.S. AF YES, NO OF UNKNOWN) (IF YES, GT	RMED FORCES?	218-03-2			mily Re	55 501205	
ST. BAL	g physics sonpaper removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (0)		Jougest		ort failur	e -	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
W. PRESTON	by the ottendir to remove cort cremation, or other troumotic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	) 10,-	OR AS A CONSEQUE	700 THE R. P. LEWIS CO., LANSING, MICH.	Careleov	arcular hes	ine	lo years
1KDS, 20		ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT NOT RELA	ATED TO THE TER/	minal disease or cond	OITION GIVEN IN P	ART 11a
AL RECO	9	CERTIFICAL	1% DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY? YES NO	20b IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
NOF VIT	o physic control control control control	1172.0	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DE INJURY M. MONTH DA .M.	Y YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 ORP	'ART 2)
NG PHY	attends on the ba	MEDICAL	PAGE OF STREET		OF INJURY REET, FACTORY, OFFICE, FA	21f LOC	ATION	CITY OR TOV	WN (OU	INTY STATE
- CONSTI	CTOR A for other	B	220.1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no	Legal	6 19	ond that in	(my) (aur) apinion	death occurred an the da	ite and haur and fro	, that (I) (we) last am the causes stated
	r the ho tal DIRE detoched one Dept		77E SIGNATURE PAR	rinesa	mil	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	_	PO-1-87
DASOH C	C FUNES hauld be in the 5th		MORRIS	XAIN	Ess, W	D_ 110:		EASTERN	AVE	2/22/
1	E CALE	230€	URIAL PRIMATERIA	23b. DATE	23c. N	AME OF CEMETERY	OR CREMATORY	23d LOCATION		

DHMH - 16 60M 7/84 (VRA 15, 4)

10-1-1987 LOUDON PARK BALTO. CITY INDS CHAPEL OF MEMORIES

Julia Davidson Randale

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9	0	I'm	3	1	ě
1	REG. NO.	~	60		

-1		ne o lo i m m						KEG. NO	7				
1		CEASED NAME FIRST	A	WIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY	YFAR	26 HOL	JR
	(,,,,,		Rosalind I	. Schmidt	-			9/15/87	,		- 4	02	35 M
1	3 SEX		4 RACE		J. DAIE C			6. AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDE		IF UNDER	
4		Female	Can	ucasian	MONTH 10	/21/00	YEAR	86	AD6	MONTHS	DATS	HOURS '	MIN.
,	7a BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.			9. BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
		OUNTRY)				D NEVER A			_				
4	10 CT	Maryland  TY OR TOWN OF DEATH	U.S.	A HOSPITAL, NURSIN	WIDOWE		ORCED	Baltim		_	KINDO	F BUSINI	MD.
-01	PO CI	II OK TOWN OF BEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		11011014	TYPE OF WORK FOR MOST O			USTRY	FBUSIN	133 OK
2		Randallstown		Co. Genera				Hommaker					1
100	13a. S	L RESIDENCE (IF NURSING HOME OF TATE 13b COU		13c. CITY OR TOW		13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	ZIP COD	E	2	1207	
		Maryland B	altimore	Baltimor	æ	YES	NO 🗆 X	3416 Gaithe	r Road				
-	14_FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAM	AE MIDDLE	1,11	1.00	LAS		
		Joseph Buxbaum	MIDDLE	tasi		Man	y Cather	ine Smith			LAS		
		AS DECEASED EVER IN U.S. A		166. SOCIAL SECU	JRITY NO.	17 INFORMA	NI Mr. E	boar Schmidere	SS	7			
	{Y	ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	212-74-	-1811		aither R		Baltin	more:	Marv	land :	21207
			1			-						MATE INTEL	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	1 ne for (6), (6), on	10-	<u></u>	(1) c			-	ETWEEN	INSET AND	DEATH
		IMMEDIA	TE CAUSE (0)	Hapita	Cill	m	rnei	ionico		-		_	
		DUE TO, OR AS A CONSEQUENCE OF											
	1.5	Conditions, if ony, which	(b)	HILL	12/0	lous	tec	emaisi	eso	car	2		
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							elis				
3		underlying couse lost.	(c)	Ano	e c	we			-3-4				
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GI	VEN IN F	ART 116		
	CERTIFICATION	Parken	-con	o di	0								
	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YE				
	F							YES T NOT	IN CERTI	ES 🗍	AUSES	NO [	
	ex H	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART I OR	PART 2)		
7		OR CONTRIBUTING CAUSE OF DE	AU1	M. MONTH D	AY YEAR								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	P. 21e PLACE		19	211 LOCATIO	N						
	ME	WHILE   NOT WHILE		REET, FACTORY, OFFICE, F	FARM, ETC )	STREET		CITY OR TO	WN	CO	YFML		STATE
		AT WORK			(1)	-	03	9 /	1000	. (2	7		
	20	22a I certify that (I) (this hasp	0/1/	e deceased from_	271	-2-1	. 19_8	, to	15	19_8	,	that (I) (	
	10	sow the deceased alive a above, (1) (we) (did) (did n	ot) view the body				cont ) obtinion o	leath accurred on the do	ote and no	ur ond fr			oted
		226. SIGNATURE	- 0			DEGREE	775, 100, 10	11501C 11 CT 11		122	DATE	SIGNED	0
,	50	1. Kall	0/2	~			HYSICIAN X	MEDICAL STAF		10	7/15	5/8	1
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRES	S		Pal	1	200	tia	1010
		TAHOORI	4 1/1	CAWH	HC t	1820	4 hil	senly	LO	14	0	217	07
	23o. B	URIAL CREMATION, REMOVA	L 236. DATE	236.1	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION					
		SPECIFY)						CITY OR TOWN	0	COUNT	IY		STATE
	24 FI	Burial  INERAL DIRECTOR Town	9/17			iew Mem.		Sykesvill REC'D. BY REGISTRAR		TRAPIS	IGNAT	IDF	ND
	ZY FL	NAME		Funeral Di			CE	D 4 7 1007	A			OKE	
		8728 Liberty Roa	d Randall	stown Mary	land 2	21133	SE	1 1 1 190/	Hulla	Dund	2.1	andas	4

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Residence Callette, Cr. Carrell Bosci. Wire minerity vest ASSESSED TO A SECRETARIAN ASSESSED. ASSESSED

ACAMANA TANK

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

4	87-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENE REG. NO	5 2	27	5
		CEASED NAME FIRST	MIDDLE	i .	AST	20. DATE OF DEATH M	ONTH DAY	YEAR	2h HOUR
		AMELIA	н.		HRAMM	September		1987	7.00 AN
	3. SEX	F	4. RACE Cauc	5. DATE C	L DAY YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UP	THS DAYS	HOURS MIN
	7a. BIR	RTHPLACE ISTATE OR FOREIGN	7b. CITIZEN OF WHA	Apri		9 BALTIMORE CITY OR	COUNTY OF	DEATH	
)		Balto MD	USA	MARRIE	D NEVER MARRIED DIORCED	Balto 0			MC
)	Ва	alto	119 Gler	PITAL, NURSING HOME C ILITY, GIVE STREET ADDRESS) NMOTE AVE	21228	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Lel. Opera	WORKING LIFE)	INDUSTRY	F BUSINESS OR Orney
	130 S	MD Ba	13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN	YES NO 🛣	13e STREET ADDRESS 201 Beech	wood_	Ave 2	21228
×	14. FA	THER'S NAME Limothy Mi	chael	Hurley	Lillian	ME	Sc	hemme	e
/		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATEST	SOCIAL SECURITY NO.		lenmore°°A∜ Schramm	re 21.	228	
	7	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS	A CONSEQUENCE OF		INAL DISEASE OR COND	ITION GIVEN I	IN PART 110	
2	MEDICAL CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION	N FOR WHICH OPERATION	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WINCERTIFYING		
1	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.		21c. HOW INJURY OCCURE	RED CENTER NATURE OF INJURY	IN ITEM 18, PART I	OR PART 2)	
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F	NJURY ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	1	COUNTY	STATE
		22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did no	4/2/	r death.	nd that in (my) (our) opinion o	deoth occurred on the dot	te and hour an	d from the c	
		22b. SIGNATURE	MA	/ hr-	E	MEDICAL STAFF		22t. DATE S	IGNED 7
/		Dr. John Sh	/		5800 Edmon	dson Ave		1	1-1
	23e. B	URIAL, CREMATION, REMOVAL	23b. DATE 9/25/87	New Ca	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Balto		STATE MD

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The lov etoined by the hospital or ottending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept, of Health and Mental Hygiene priar to burial, cremation, ar remayal

injury, or other traumotic event,

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

236. BURIAL, CREMATION, REMOVAL 236. DATE 9/25/87 New Cathed 9/25/87 New Cathed 24. FUNERAL DIRECTOR 736 Edmondson Ave 21228 SterTing Ashton Funeral Estate, P.A. ew Cathedral

Balto MD

250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE
SEP 2 3 1987 Julia Deviden Rudees

Leavedner (2) sugices			
	good, ordinan		
promoter telling a fire			
			turis on a
	-1-1-4000000000000000000000000000000000		
		10	
			nilo Grace III

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.	5	"	1	Ó
0.5				. 1	_

065	397 SEP 1	418	FOR 7STATE REGISTRAR			DEPARTI		EALTH AND MENTAL H	HYGIENE	REG NO	2 5 2	. 1	Ó
		1. DEC	CE ASED NAME	FIRST		MIDDLE		AST	2a DAT	NEO.TTO	MONTH DAY	YEAR 2b	HOUR
	page 3	{ LIPE	ORPRINT) Eli	zabet	h	S	chwa	rtz		Sept. 7	, 1987		M
		3. SE)	X .		I. RACE		5. DATE O	OF BIRTH	6. AGE	IN YEARS LAST BIRTH	HDAY) IF UNI		UNDER 24 HRS
	rector urs aft		Female	3	White		Jul	y 5, 1888		99	YRS.		DURS MIN.
	2 hod 2	(	RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	MARRIE	D NEVER MARRIED		IMORE CITY OF			
	de de de		aryland TY OR TOWN OF DEA	711	USA		WIDOWE	DIVORCED		altimore			MD.
	1 1190	1		100	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF	VALOCCUPATION WORK FOR MOST OF Windi	WORKING LIFE) IN	b. KIND OF B	USINESS OR
1201	1 11		gers Forg			ost Nursi		ome	Sno	p windi	ng (Ret.		
BALTIMORE, MARYLAND 2120	1235	13a. S	Md.	136 COUNT Balt	TY	Balto.	N	13d. INSIDE CITY LIMITS YES \( \text{NO} \text{NO} \( \text{X}	81	2 Reges	ZIP CODE ter Ave		Decker 19
MARYI	TOBO		George	~	Sc	hwartz		15. MOTHER'S MAIDEN Susan		WIDDLE	Frank	k LAST	
SE,	dical	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECL		17 INFORMANT	E	Balto DDRES	Md.	2123	39
IIWO	o execution on a control of the cont		O_	(11 123, 0142		215-10-7	496	Mr. Walter	M. E	ckert, 1	1018 Reg	gester	Ave.
	g physican on papers: P removal.		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE		line for 19 cm	cv	D	_		~3	MTWEEN CHIL	TAND DEATH
NO	endin n, ar matic				DUE TO, O	R AS A CONSEQUE	ENCE OF				1	/	
PRES	e de att		Conditions, if ony,	thions, if ony, which (b) e rise to immediate (c), stating the DUE TO, OR AS A CONSEQUENCE OF									
*	by th		underlying cause			R AS A CONSEQUI	ENCE OF						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	signed I hen pleo a burial jury, ar	o No.	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DIS	EASE OR COND	ITION GIVEN IN	PART 1(0	
RECOR	no. nos been permit. I ne priori		19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	20b. IF YES, WEI	RE FINDINGS CAUSES OF	USED DEATH?
TAL	Cio Sit a	ERTII	21a. ACCIDENT WAS UND	EBINING []	21b. TIME O	E INTUIDY		Tal. How billing occ	YES [		YES [		NO []
> 7	SICIAN: The paysicial certificate his rial-transit pental Hygie them? 8 shall be them?	_	OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJURY OCC	LUKKED (ENTI	ER NATURE OF INJURY	TIN ITEM 18 PART 1 C	R PART 7	
N	× = 00×	MEDICAL	(IF EITHER NOTIFY MEDIC 21d IN JURY OCCURE		21e. PLACE		19	211 LOCATION					
IVISIO	otten otten hand)	ME	WHILE NOT WH			EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOW	/N C	OUNTY	STATE
	TENDIR trol ar OR: Al		22a.1 certify that (1) saw the decease				17	nd that in (my) (our) apini		urred on the dot	te and hour and		t (I) (we) lost
	OR AT e hasp DIRECT Iched fo Dept. a		obove, (I) (vac) (c	lid) (djd.not	view the body	ofter death.		DEGREE				17. DATE SIG	
			Solan	Last	200		2	ATTENDING PHYSICIAN		AL STAFF		9/7	107
	HOSPITAL med by the FUNERAL uld be deta the State		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT}	APPOL	-	17s ADDRESS		Company of the Compan		-1-4	
	etoined etoined Should b		Charles	F. 0'	Donnell	I, M. D.		7501 Yo	ork Ro	ad			
	₩ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a. B	SURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATOR		OCATION CITY OF TOWN	· · · · · · · · · ·	WITY .	a kiele
	BP		Specify) Burial	11	9/10/	87 Je	essop	ch. Cem.		cockeys			M'd'.
	DHMH - 16 60M 7/84	24. FL	NAME NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  N	Marle	1000	V. Padonia	PD			BY REGISTRAR 2			
	(VRA 15, 4)	IV	iartin D. I	Lawso	n; 10/V	. radonia	KD.	13	EP 10	198/	Julia Dan	ious. Kan	related.

SEP 1 0

## STATE OF MARYLAND

	0	1	23	1	
	2	2	Gine	-	
REG	NO.				

066796 SEP 25	87	FOR DEPART STATE REGISTRAR		IEALTH AND MENTAL HYG	IENE REG. NO.	5211	
death. Page 4 may be funeral director. page 3 thin 72 hours offer death	3. SE	ASED NAME FIRST MIDDLE  R PRINT)  MARY  4. RACE  CAUC  HPLACE (STATE OR FOREIGN 1/2 CITIZEN OF WHAT COUNTRY UNITRY)  OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS!	S. DATE ( MONT)  P. 8.  MARRIE WIDOWI	DAY YEAR OZ	20. DATE OF DEATH MON  6. AGE (IN YEARS LAST BIRTHDAY  9 BALTIMORE CITY OR CO  BALTIMORE CITY OF CO  BALTIMORE	IS 87 2  IF UNDER LYEAR IS IN MONTHS DAYS HO  OUNTY OF DEATH	HOUR  AM  UNDER 24 HRS  DURS  MIN.
ND 21201 24 hourspater billed in by the filed with the filed with the filed with the following the filed with the following the norther filed with the filed	1	(IF NOT IN SUCH FACILITY, GIVE STREE BALTO CONTRA RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	T ADDRESS) RE ADMISSION)	13d INSIDE CITY LIMITS?	SECRETAR  13e.STREET ADDRESS / ZIF	RY BALTO	CITY
MARYLA within ompletely and 2 shore	P	HER'S NAME FIRST ISAAC GOLDSTEIN		15. MOTHER'S MAIDEN NAI FIRST CECEL 3	ME MIDDLE	UNKNOWN	1215
ALTIMORE, MARYLAND 21201  The be executed within 24 hourse ician and completely filled in by ess. Pages 1 and 2 should be file in.  The medical examiner rust be not the most incomplete in the most incomplete in the most incomplete in the most incomplete in the medical examiner rust be not incompletely i		AS DECEASED EVER IN U.S. ARMED FORCES?  NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SEC.  174. 185. OR DATE.	1-9701	The second secon	HILDA MOPSOV		
over the the death certification by the death certification by the attending physical by the certification of remove the troumants event,	z	8. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), or PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	JENCE OF	BREAST CA	inal disease or condition	Syn	TAND DEATH
At RECORD The law red The law	CERTIFICATION	9a DATE OF OPERATION 19b CONDITION FOR WHIC	H OPERATIO		YES NOW		
DIVISION OF VIT OR ATTENDING PHYSICIAN. The hospital or otherding physician in DIRECTOR After this certifical numbing for use on the bursal-train of Health and Memor Hys. If them 21 is movised or feet 18 is	MEDICAL CE	216. TIME OF INJURY OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  WHILE NOT WHILE AT WORK  220. Leertify that (1) (this haspital) attended the deceased from sow the deceased alive on about (1) (did) (did not) view the body after deoth.	FARM, ETC )	211 LOCATION STREET  and ther in Improperty opinion  DEGREE  ATTENDING	MEDICAL STAFF	COUNTY  19 7 , that and hour and from the cause 22c. DATE SIG	
10 HOSHTA intolitied by 10 FUNERAL ibodit be the suit the Stote	230	RIAL, CREMATION, REMOVAL 236 DATE SEPT. 20, 1987	NAME OF CAITZ	PHYSICIAN DE PROPERTO PARA TIME	L heights  23d LOCATION  CIBALTIMOR	AVE	WT.AND
BP DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	NERAL DIRECTOR SOL LEVINSON & BROSESSON OREISTERSTOWN RD. BALTO., MI	. INC		E REC'D. BY REGISTRAR 256		

6 5	5 7	4 (
	4 may be	for page 3
	death, Page	(uteral direc
4D 21201	in requires that the death certificate be executed within 24 hauss offer death. Page 4 may be	been signed by the attending physican and completely fluid in by the funeral director, page 2
E MARYLA	safed within	( ylavaligges
BALTIMOR	cats be ever	pino uggisk
CORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	e death certify	to granding pl
5, 201 W. P	ires, that the	gred by the
CORD	1001	100

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	5

- 1		STATE OF MARYLAND
PI	3 87°8	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
1	- REGISTHAR	CERTIFICATE OF DEATH 8 / 2 5 2 / 8
1	DECEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
1	TIVE	amos w Condition
L	110	MAD MI. DEHELES DEPI. 10,110/ M
.]2	SEX	4 RACE S DATE OF BIRTH 6 AGE (INTERAS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
4	MALE	WHITE AUG. 14 1891 -96 - YES
Ηī	BIRTHPLACE   STATE OR FOREIGN	7h CITIZEN OF WHAT COUNTRY? 18 19 BALTIMORE CITY OR COUNTY OF DEATH
T.	M1451551881	4.5.A. WIDOWED DIVORCED BALTO. CO.
K	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR
1	UNITUALING	(IT PO OF WORK FOR MOST OF WORK FOR WORK FOR WORK FOR MOST OF WORK FOR WORK FO
4	TIAL PESIDENCE HE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
T	30. STATE	DUNTY 13, CITY OR TOWN 134 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE
7	11/1/ET 47NI) 13	ALTO-CO. HUIV/VIALLY YES [] NO [X 19 HIGHTELD C/ 210:
4	FATHER'S NAME	MIDDLE LAST LAST
4	1 Homas	MARKHAM SEARLES ANNIE MOUNT
F		ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
	(YES, HOOR UNKNOWN)   IFFES	159.03-037 VAMILY RECORDS
F	18 CAUSE OF DEATH (Enter	only one couse per lime for iai, (b), and ic  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAL	DISEO BY.  WE UNEWLA
1	IMMED	HATE CAUSE (o)
4		DUE TO, OR AS A GONSEQUENCE OF / 1 . 3 M . // A . 1
	Conditions, if any, which	DUE TO, OR AS A GONSEQUENCE OF Servere we Hullyle shokes
-1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF
- 1	underlying cause last	DUE TO, OK AS A CONSEQUENCE OF
1	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO
	-	Services Control of the Parties of t
4	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
71	S .	IN CERTIFYING CAUSES OF DEATH?
+	21a. ACCIDENT WAS UNDERLYING	YES NO YES NO 1
	OR CONTRIBUTING   CAUSE OF	The state of the s
	(IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	
	21d. INJURY OCCURRED	21e PLACE OF INJURY  LATHOME STREET CITY OF TOWN COUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE
а.		spital) attended the Zegeased from 9/2 1987 to 7/10 1987 that (1) (we) lost
-	sow the deceased alive	on 9/10/87 19 and that in (my) (aur) aninion death occurred on the date and how and from the course stated
- 1	abave (U) (we) (did) (Aid	noty view the body after death.
- 1	226 SIGNATURE	DEGREE 220. DATE SIGNED
	Milen	MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 09-11-198
/	226 PHYSICIAN'S NAME (TY	
/1	DP GI	POSS IS SOTTADAM PD
-	I.C. Or	is solving.
1	SRECIFYI	236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION DITY OF COUNTY SAME OF STREET OF CREMATORY 236 LOCATION DITY OF COUNTY SAME OF STREET OF CREMATORY 236 LOCATION DITY OF COUNTY SAME OF STREET OF CREMATORY 236 LOCATION DITY OF COUNTY SAME OF CREMATORY 236 LOCATION DITY OF COUNTY SAME OF CREMATORY 236 LOCATION DITY OF CREMATORY 236 LO
	CKEPINTION	V9-11-1901 GKEEN/NUUN/CEN BALTIMORE, MAPICAN
2	EUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
1	EVITIVO CHI	THE OF CHITTLES TIMMAN SEP 15 1987 Julia Division Landison

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OF

MPORTANT, If New 21 is marked or tO FUNERAL DIRECTOR. Ah-should be deteched for one or with the State Dept. of Health

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	6	1000	1	1	
REG	NOGA	2	60		

		FOR STATE EGISTRAR	DEPA		EALTH AND MENTAL H	YGIENE 7	REG. NO.	5 2	7	9
		CEASED NAME FIRST	WIDDLE	4.	AST	2a. DATE OF	DEATH MONTH	DAY YEA	AR 2b H	OUR
	11111	MARY	ANN	SEAL	RS	SEPTI	EMBER 14	4, 198	7 1:	50P
	3 SEX	Υ	4. RACE	5. DATE C		6 AGE (INY	EARS LAST BIRTHDAY)	IF UNDER 1		IDER 24 HRS
	1	Female	White	March		78	YRS		ATS HOUR	RS MINL
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8	NEVER MARRIED	9 BALTIMO	RE CITY OR COUN		н	
2		Maryland	U. S.A.	WIDOWE			timore C	County		MI
0	0 CI	TY OR TOWN OF DEATH  21204	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE 8415-B Lock	REET ADDRESS)		12a USUAL (	OCCUPATION K FOR MOST OF WORKING MStress	12b. KIN	ND OF BUS	
1	130 S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	113. STREET A	ADDRESS / ZIP CC	ODE	2	1204
2	Ma		timore 212	04	YES NO X		5-B Loch			
2	III FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN N		MIDDLE		LAST	
1	1	Joseph	Bavot	ca	Judith		THE OLD	Mas	suki	
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	ECURITY NO.	17. INFORMANT	- THE 1912	ADDRESS		-	1.00
		res, no or unknown) (IF yes, GI	213-03	3-6339	Gorman H.	Sears	Baltimo	ore, M	1D 2	1204
	N	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONSTRUCTION	OUENCE OF	NOT RELATED TO THE TEI	RMINAL DISEASI	E OR CONDITION (	GIVEN IN PAR	RT 110	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTO		YES, WERE FIR RTIFYING CAU		EATH?
1	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.		DAY YEAR	21c HOW INJURY OCCU		TURE OF INJURY IN ITEM I			
	MED	WHILE OCT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUNT	Y	STATE
		sow the deceased glive on								
1		22b. SIGNATURE	Paul Cleary	, no			STAFF PHYSICIAN	220 0	ATESIGNE	87
		22d. PHYSICIAN'S NAME ( YOF C	hang, Me		Good Sa	manifa	Hospi	shell	Safts,	MI
	(1	surial, cremation, removal specify) BURIAL	23b. DANTE 22 SEPT. 17, '87		REDEEMER	CITY	OR TOWN RY BALTI	IMORE,	MD	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

BURIAL SEPT. 17, 87 HOLY REDEEME 74. FUNERAL DIRECTOR WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
SEP 1 5 1987 June Warden Lander

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

065441

STATE	OF	MARYLAND
-------	----	----------

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

•	7 0	REGISTRAR		CEKTIF	ICAIE OF DEATH	O REG. N	a. 0	4- ()	-
		CEASED NAME FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	( I YPE	DOLOPES	7 2	SE	IBEL		9 8	87	M
	3. SE)		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	1	EMALE	MANCASIAN	MONTH		.57		ONTHS DATS	HOURS MIN.
	Je BII	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	30 31	9 BALTIMORE CITY C	R COUNTY O	OF DEATH	
		OUNTRY)	11.5 1		D NEVER MARRIED	1 0		0 .	17-1
2	10 (1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWE		BALTIM	- market	COUN	F BUSINESS OR
)		21	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	53-	(TYPE OF WORK FOR MOST C		INDUSTRY.	
_		BALTIMORE	3910 WASHI		N 37.	WATTRES	2	1-000	SELVE
	13a S		OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	- 1	
)	1	MD BAL	TO. BALTE	5	YES NO NO	3910 WAS	112510	NSI	2/22
7	14 FA	THER'S NAME	MIDDLE LASI		15. MOTHER'S MAIDEN NA	WE		LAS	
1		EVGENE	RIDDE	11	DORA			KI	REY
i i		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	55 391	O WASI	HINGTON
		NO -	- 214-26	-780	THOMAS SE	ISEL BA	170.	MD2	1257 31
		18 CAUSE OF DEATH (Enter on	nly one couse per lim for (a), (b), and	d (C)		,		APPROXI BETWEEN C	MATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY. TE CAUSE (0) MOSE C	su	Nyocamon.	m/NPANC	7/1 m		
		IMMEDIAI							+7-1-
d		Conditions, if ony, which	DUE TO, OR ASIA CONSEQUE		V /NSVPA	MCIENCY			
		gave rise to immediate	(b)		V / / / /				
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF					
			(0)_(//8		<u> </u>				
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART ITO	1
	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	Tab 4F YES	WERE FINDIN	IGS LISED
7	FIC.	THE DATE OF CHANGE	176. CONDITION TOR WHICH OPEN		TO THE OWNER	IN CERT		IFYING CAUSES OF DEATH?	
	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO			ио 🗌
9		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	THE HOW INJURY OCCUR	LED (ENIER NATURE OF INJU	IT IN HEM IS PAR	el (ORPARI 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	21f LOCATION				
	MED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F	ARM, ETC 1	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK							
			ital) attended the deceased from_			, to			that (II (we) lost
			t) view the body after death.		nd that in (my) (our) apinion	death accurred on the d	ate and hour		
		226. SIGNATURE	10 mllines		DEGREE	Mathical CTA		22c DATE	SIGNED
1		1100	muy		ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN		
T		22d PHYS LIAN'S NAME (TYPE O		-	22e ADDRESS		M		
		MANA	CHATTERD	66	3927, H	NNAPOLI	o act	A	21227
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c f	VAME OF C	EMETERY OR CREMATORY	234 LOCATION A	f. TeN		
		BURIAL	9-11-87 G	LEN.	HAVEN CEM	CITY OR TOWN S	URNIE	A . A .	mo
	24 FL	JNERAL DIRECTOR	, 237	E. PA	TAPSCO AND DAT	E REC'D. BY REGISTRAR			URE
	nl	ONIV FINE	PAI LIONE ADDRESS	PODE	VN 21205 CE	ED 4 / 1007	1.1 1	5 4. 1.1	1
		cruy / U.S.L.		-5-7-2	70.	1 1 2 130/	Gules 1	and the	

A LEADING

MINISTER STATE OF THE STATE OF

The series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of th

payon, again and an annual and the first of the first of

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

Leave Landing Committee Landing

FOR

REGISTRAR

- STATE

BP

13e STREET ADDRESS / ZIP CODE 1224 Chesaco Aveneu LAST Audrey S.Smalley 15807 Baden Naylor Rd BETWEEN ONSET AND DEATH WEEK YEARS VALVULAR DISEASE AND ASCUD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES M NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (aur) opinian death accurred on the dote and hour and fram the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN JOPA, MD. 9 - 22 - 87Baltimore, Md. Holy Redeemer Buri DHMH - 16 60M 7/84 1211 Chesaco Ave. (VRA 15. 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF LINDER I YEAR

066312 52922 07

066	777 SEP 2	518	FOR			DEPARTI		EALTH AND MENTAL HY	GIENE	C) In	. 0		
000	, , , ,					b			REG. N		Z ()	da	
	4. M.E		CEASED NAME OR PRINT)	FURST		MIDDIE.		AST	20 DATE OF DEATH	, mornin	DAY YEAR	2b. HOUR	
	poge 3			oe		М.		.lers	Septembe:		1987	15 36 N	
0	moy pag	J. SEX Male		1	I. RACE		5. DATE (		6. AGE (IN YEARS LAST BI		# UNDER TYEAR	HOURS MIN.	
10	ge 4				White		Janu	ary 22, 1931	56	YRS.		10000	
	Po Pont		RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	A 720		Maryla	nd	USA		WIDOWE		Baltimore	e Coun	tv	MD.	
	2 2 4 X8 V	10. CI	TY OR TOWN OF DEA			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR	
	4 5		Baltim	ore		Stanhope			Crane Open		E) KADOSIKI		
212	in the feet	USU	AL RESIDENCE (IF NURSI		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
MARYLAND 21201	24 t		arvland		timore	Dundalk		YES NO K	1955 Star			21222	
YEA	Within Within		THER'S NAME					15. MOTHER'S MAIDEN NA	AME	доро .			
AR			Joe FIRST	M	NODLE	Selle	re	Annie	MIDDLE		O'Danie		
	nd comp	16g V	VAS DECEASED EVER			16b SOCIAL SECU		17 INFORMANT	ADDR		O Daile	:11	
BALTIMORE,	ond co		YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	217-24-2	0051	Buth W So	llers 1955	Stanho	no Bond	1 21222	
LTI.	e be	-						Ruui V. Se.	TIELS 1900	الاللفاد		MATE INTERVAL ONSET AND DEATH	
8	hys hys		18 CAUSE OF DEATH PART I. DEATH W			farez cel	de Co	- lunc				ONSET AND DEATH	
TS I	0.00			MMEDIATE	CAUSE (a)	Taraz Co		10119			+	11-05	
PRESTON	4 00 0 to		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which ( ) (b)										
RES	de d		gave rise to imm	nediate	(p)								
*	1 11		couse (a), stating underlying cause		DUE TO, O	R AS A CONSEQUI	ENCE OF						
0	- mman of a				(c)								
DIVISION OF VITAL RECORDS, 201	100	Z	PART 2. OTHER SIGN	HEICANT C	ONDITIONS <u>CC</u>	DNIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COR	IDITION GIV	EN IN PART III	3	
Ö	brid.	CERTIFICATION	19a DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN		
OK.	o coo so s	F							YES NO		YING CAUSES	OF DEATH?	
IA	ysicro ysicro onsit Hygie	ER	21a. ACCIDENT WAS UND	ERLYING [	21b. TIME O			21c. HOW INJURY OCCUP					
7 7	SICIAN: ng physical certifical ce	-	OR CONTRIBUTING		10	M. MONTH D.							
Z	is certifico buriol-tron	MEDICAL	(IF EITHER NOTIFY MEDIC	-	21e PLACE	M. OF INJURY	19	211. LOCATION					
VISIO	G PH orter ord ked o	ME	WHILE NOT WH			REET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TO	NWC	COUNTY	STATE	
5	Se o Se o H		22a L certify that (I)		ol) attended th	e deceased from_	NEVE	mere , 19 86	2 10 520 2	0	1987	that the (ve) Jast	
	TTEN TOR For u		sow the decease	d olive on	Sepz	19_	87.0	nd that in (my) (aur) apınıar	death occurred on the o	late and hav	r and from the	causes stated	
	OR All DIRECTORY		22b. SIGNATURE	dio non	view the body	after death.		DEGREE			22c. DATE	SIGNED	
	the Dort		m	~ Co		-		ATTENDING PHYSICIAN	MEDICAL STA		5.00	21.87	
	PIT		22d PHYSICIAN'S NA					22e ADDRESS				70.	
	O HOSPITA TO FUNERA Should be di with the Sto		12.	M.Co	war n	AIN .							
	TO HOSPITAL ( retained by the TO FUNERAL ( should be deto with the Store E IMPORTANT: #	23a F	BURIAL, CREMATION.				NAME OF C	EMETERY OR CREMATORY	123d LOCATION				
	BP		(SPECIFY)						CITY OR TOWN		COUNTY	STATE	
		24. FI	Buri.	Dud	9-24-	Funeral F	ione (	awn Dundalk _{250 DA}	TE REC'D. BY REGISTRAL	nore M	aryland	URE	
1	DHMH - 16 50M 4/83 (VRA 15, 4)		NAME	792	2 Wise	ATTO DIMO	alk	MD 21222 SE		Julia		Rudall	
	(444 13, 4)			122	L MIDE	TIVE. DUIL	" ALL	THE CTCCC	TO THE PARTY	10			

SEP 24 BBL J. Line Bland

065698

	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	5	2. 8	3	
	WIDDLE	1	AST	20 DATE OF DEATH MONT	H DAY	YEAR	2h HOUR	
th				September 9	. 198	87	1 · 34 P M	
White	9	May 2	DAY YEAR	75		NIHS DAYS	HOURS MIN.	
U.S.	WHAT COUNTRY	Y? 8 MARRIEI WIDOWE	DENEVER MARRIED DO DIVORCED	Baltimore Cor		FDEATH	MD	
NAME OF INSUITANK!	HOSPITAL, NURS CHEACILITY, GIVE STRE In Square	ET ADDRESS)  HOSP	ital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKEY . 126. KIND OF BUSINESS CONTROL OF				
more	136. CITY OR TO Baltimo	NWN	13d. INSIDE CITY LIMITS? YES NO 🕱	13e STREET ADDRESS / ZIP 4017 Bay Dr		212	220	
DIE	Seitz		15. MOTHER'S MAIDEN NA/ FIRST Elizabeth	WIDDLE		Reyr	olds	
D FORCES? AR OR DATES}	166. SOCIAL SEC 214-01-		17 INFORMANT	ett (husband)	same	addre	ess	
one couse per Y: CAUSE (o)	APPROXIV BETWEEN C	WATE INTERVAL DINSET AND DE ATH						

	(TYPE	Elizab	eth M.	SEN	NETT		September	0 1	1987	1.2	AP M	
	3. SEX		4. RACE	5. DATE C	F BIRTH		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER	R 24 HR5	
		Female	White	MONTH		YEAR	75	YRS.	MONTHS DAYS	HOURS	MIN,	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8			9 BALTIMORE CITY O		Y OF DEATH	-		
-	C	Md.	U.S.A.	WIDOWE	NEVERA	VORCED	Baltimore	Count			MD	
100	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL				120 USUAL OCCUPATION		12b. KIND C	F BUSIN		
1		Baltimore	Franklin Sq	uare Hosp	ital		Homemake:		#E) INDUSTRY	_		
2	13a. S		NTY 13c. CITY	ORTOWN	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS					
			timore Balt	imore	YES .	NO X	4017 Bay	Driv	e 21:	220		
X	14 FA	THER'S NAME FIRST	MIDDLE	LAST		S MAIDEN NAM	WE		LAS	1		
1		Louis A.	Seitz		El	izabeth	C.		Rey	nolds	S	
		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMA	NT	ADDRE	SS				
	(4	no (if tes, Giv	214-	01-5851	Wilso	n Senne	ett (husband	a) sa	me addre	ess		
H		18 CAUSE OF DEATH (Enter or	APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D)	85186 K	Louto	K	. t					
			DUE TO, OR AS A CO	ONSEQUENCE OF	- ( -	_						
		Conditions, if ony, which	( (b)	/0	156V.	9,	2-5-16-5-1					
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF								
		underlying couse lost	(c)		4.00							
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	0	C. D. P. C		たらから	1	10						
1	ICA	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		S, WERE FINDIN			
	CERTIFICATION						YES NO	Y	ES 🗌	NO [		
7		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MOI		21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART I OR PART 2)			
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINES	SID .	19								
3	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211. LOCATIO		CITY OR TO	WN	COUNTY		STATE	
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	CF, OFFICE, FARM ETC.)	Jinee	- /	0	1				
		220.1 certify that (1) (this hospi	tol) ottended the decease	ed from		19 86	_, to	. 60	1987	that (I) (	(we) lost	
		saw the deceased alive an above, (1) (we) (did) (did no		th. 19 7, or	nd that in (my)	(our) opinion o	death occurred on the do	ate and ho	ut and from the	couses st	oted	
		226. SIGNATURE			DEGREE				22c. DATE	SIGNED		
.1		Januto 1	Very	1	7-0.	PHYSICIAN [	DIRECTOR PHYSIC	IAN [			1	
/		22d PHYSICIAN'S NAME (TYPE C			22e ADDRES						- 16	
		Dr. D on	ato Vargis		47	06 Harf	ord Rd.					

BP. DHMH - 16 60M 7/84

MPORTANT: If Hem 21 is

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicil should be detached far use as the burial-transit permit. Then please remove carbanpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. morked or Item 18 shaws any

24 FUNERAL DIRECTOR Funeral Home Inches

23c. NAME OF CEMETERY OR CREMATORY OAK LAWN

23d. LOCATION BALTIMORE

COUNTY MD. STATE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

CED 1 5 1987 SEP 1 5 1987

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

FOR STATE

1. DECEASED NAME

3331 Brehms Lane, Balto. Md. 21213

236 DATE

9/12/87

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTHORE, MARYLAND 21201	0 0
3	U
RATTENDING PHYSICIAN: The low requires that the death certificate in which thin 24 hours after death. Page 4 may be	
haspital or attending physician.	~
RECTOR: After this certificate has been signed by the attending physical managements filled in by the funeyal director, page 3	,
ed for use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2, than I be tiled within 72 hours after death	9
Health and Mental Hydrene prior to burial, gremation, or removal.	6

			1						OF MARYLAND				
5	01:	3 SEP -	9 81	FOR - STATE					ALTH AND MENTAL HYC	SIENE	) E	9 8	4
			11	REGISTRAR DECEASED NAME	FIRST	MIDDLE		LAS		REG. NA	MONTH DA	Y YEAR 12	26 HOUR
	0	es t		YPE OR PRINT)		NT. SI				26 DATE OF DEATH	9 2	87	11. >
	ay b	deoth deoth	2.	SEX	SON	N 10 201		DATE OF	BIDTH	6. AGE (IN YEARS LAST BIR	1		IF UNDER 24 HRS
7	ge 4 m	ector. p	3. :	male		White	3.	MONTH	DAY YEAR	74			HOURS MIN.
	Po .	2 hou	Ø 7a.	BIRTHPLACE (STATE (	OR FOREIGN 78	CITIZEN OF WHA		MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	1
	deat	o o	7	MARYL	ANC	U.S.	H.	VIDOWED	DIVORCED [	10111	noire	Coun	ty MD.
10	after	South of the factor of the fac	10	RANDALLS	town		LITY, GIVE STREET ADD		HOSP.	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE PROPERTY O			His hour
TLAND 2120	4 hour	d be t	US 134	UAL RESIDENCE IF N	URSING HOME OR O	Y 13c. (	CITY OR TOWN	111	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	2	2117 1
LAN	hin 2	1 8 F	14	FATHER'S NAME	DAI	To C	wings M		YES NO S.	201 GW	yanbo	JOOK A	00.
3	Y	(2)		FIRST	1.6	LIAM	SHAFE	OR	FIRST	MIDDLE		MAR	Ryman
2 1	1	I I I	160	WAS DECEASED EV	ER IN U.S. ARM	- 01111	SOCIAL SECURIT	YNO.	FLORE!	ADDRE	55 212	Stand	1 Hart 1
( .	9	Poges medica		LAS' NO OL MKNOMN	(IF YES, GIVE	WAR OR DATES	8-1473	11	GLAdus	Wallett	Reis	hach	HENDI CINS
BALT	to .	icie ol.		T	ATH (Enter only	one couse per line f		1.1	73	- // ((- ()	1	APPROXIMA RETWEEN ON	ATE INTERVAL
7	rfico	physican pope emovol.			WAS CAUSED IMMEDIATE	BY:	n dis ou	lmm	Ann Faile	ne		DET VIETNO	OL NITO DEATH
SN	Cer	arba or re			IMMEDIATE		A CONSEQUENC	E OF	0				
STC	deot	atten atian, traume	1	Conditions, if o	ny, which	( (b) C	lannic	Obi	tructive 1	Oul DISFAS	-		THE STATE
<u>a</u>	å.	er er		gove rise to i	ting the	DUE TO, OR AS	A CONSEQUENC	CE OF					
3	thot	d by leose ial, cr		underlying cou	use last.	(10)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	quires	hen pl ta buri njury, c	Z		GNIFICANT CO	NDITIONS CONTR	IBUTING TO DEA	ATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110	THE .
COR	W re	been priar any ii	CERTIFICATION	190 DATE OF OPE	RATION	196. CONDITION	FOR WHICH OP	PERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	3S USED
AL RI	he k	be so								YES NO NO	YES		NO [
<u> </u>	N. T.	al-tronsit atal Hygie em 18 sh	97	OR COLUMNITURE		216. TIME OF INJ	URY MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PAR	RT   OR PART 2)	
0	SIC IA	U - m +	1	(IF EITHER NOTIFY M	EDICAL EXAMINER)	P.M.		19		TO CALL THE WAY		3260	
SION	PHY	the by	MEDICAL	21d. INJURY OCCU		21e PLACE OF IN	JURY ACTORY, OFFICE, FARM	A, ETC J	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
NI	N E	After e os th alth or morke		AT WORK	WHILE .								
	ON TO	Heal				I) ottended the dec	eosed from		, 19	, to			not (I) (we) lost
	R ATTE	d for		obove, (I) (we	osed olive on ) (did) (did not)	view the body ofter	deoth.		that in (my) (our) opinion	death occurred on the de	ite ond hour		
	AL OR	7	1	22b. SIGNATURE	land	P The	unle		EGREE  ATTENDING PHYSICIAN [	MEDICAL STAI		224 DATE ST	2187
	SPIT d by	FUNERAL IIId be detailed the State	7	22d PHYSICIAN'S	NAME (TYPE OR F	PRINT)		,	22e ADDRESS	. 1	1.	111	
	ro HOSI	TO FUNERAL should be de with the State	-		NDP	110	ACZU	1	13ult. 7	in Comby	Char	11166.	
	pr		230	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	87 Zue	ME OF CE	METERY OR CREMATORY	236. LOCATION		PITY	11 SINTE
	BF		24	FUNERAL PIRECTO	00 0	JEP15, 113	200	gre	en Mem. On	TE REC'D. BY REGISTRAR	Sb. Relief	ARS SIGNATU	T WO
		H - 16 60M 7/84 (VRA 15, 4)		HH. 2	Charle	1 Owi	495 W	hills	had SE	PO 8 1987.	was bus	igon-Nou	1
				1 1					/		_		

65770 SEP 16

## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEFARIMENT	Ur	HEAL	Lin	ARU	WELLIAT	
CE	RT	IFIC/	ATE	OF	DEATH	

REGISTRAR				CERTIFI	CAIL OF DEATH	8 /	REG. NO	55	2 8	15	
DECEASED NAME	FIRST	A	AIDDLE	U	AST .	20 DATE OF	DEATH MO	OTH C	DAY YEAR	26 HOUR	
(THE OR PRINT)	Edgar	Fr	ancis	She	earer	Sept.	10, 1	987	E E	2:00	A.M
3. SEX		4 RACE		5. DATE O		6. AGE (IN YE	ARS LAST BIRTHDA	AY)	IF UNDER I YEAR	IF UNDER 24 I	HRS MIN.
Male	4.2.3	White		Feb.		1	67	YRS	NOMINS DATS	NOURS A	M IN.
(STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMOR	RE CITY OR C	OUNTY	OF DEATH		
Maryland		USA.		WIDOWE	D DIVORCED		Balti				MD.
Reisterst	own	229 Gly	ndon Dri	ADDRESS]	R OTHER INSTITUTION		FOR MOST OF WE	ORKING LIFE		ile	OR
USUAL RESIDENCE (IFN 130. STATE Maryland	136 COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOW Reister	'N	13d. INSIDE CITY LIMITS?	13e STREET A	DDRESS / Zi	P CODE Dri	ve,	21136	
14. FATHER'S NAME Walter		MIDDLE <b>lery</b>	Sheare	r	15. MOTHER'S MAIDEN NA Theresa	AME	WIDDIE		Cave	y	
160 WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	11-31-5	ADDRESS	G] w	don Dr		
(YES, NO OR UNKNOWN)	WW 5	WAR OR DATES)	218-10-	8813	Mrs. Mollie	Shearer	Pais	tore	town.	Md. 21	136
PART 2 OTHER SI  190 DATE OF OPE	oting the use last.	(c)		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	PSY? 20	b IF YES	EN IN PART 110 , WERE FINDIN	NGS USED	?
RTIE			united at		- 11-54	YES 🗌	NO	YES	S 🗆	NO 🗌	
OR CONTRACTOR	CAUSE OF DEA	TH .	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NAT	TURE OF INJURY IN	ITEM 18 PA	ART 1 OR PART 2)	100	
WHILE NOTE AT WORK	WHILE WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET		CITY OR TOWN		COUNTY	STAT	t E
220 1 certify that	(I) (Hischospi	al) oyended the		1	774 , 19	, to	25 heler	,	19 89	that (I) (we)	} lost
sow the dece	osed alive an	Huzer I		, on	d that in Imy imm opinion	death occurred	on the date	and hour	ond from the	couses state	d
176 SIGNATORE	73	//	# -	> "	DEGREE	MEDICAL	STAFF	(5)	72), DATE	SIGNED	,
224. PHYSICIAN'S	NAME (INFO	r mod)	-	5 1	PHYSICIAN	DIRECTORI	_] PHYSICIAN	T ELIZ	1 7/	417	-
MARLE	S HA	TON			7600 DSLE	R DRI	VE, 7	0450	N est	3 212	204
23a BURIAL, CREMATIO	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCA	TION		minute:	C1 mi	4.3
Buri.	al	9/14/8	7 Ga		Forest Vet.				Baltim		ra.
Robins 1	illon	all	Eckhardt Owings M	Funerills,	ral Chape 250. DA Md. 21117	SEP 15	1987 g	REGISTI	Paris SIGNAT	Rondals	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbonpaper's. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the

ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician

TO HOSPITAL

BP.

7 25285				
		ele ele	recti de	
	Cage , E	.451		
Unlikanse			31	beaffeet.
silvai queenen silvani		aviet so	225 D. Juni	quotatalalala
278 tlymon Drive, 21136	×	modanstolm	i enemilia	6   And Street
Cavey	Anared	normeda	Annual .	TOTING
Thearen Salacenton H. C.	olion .nuk	er88-or-3r	TI V	Yes

Enchandt Immerni übrandi seinen Schola allen auf in der Seine Seine Schola auf in der Seine Schola auf in der Seine Seine Schola auf in der Seine Sein

for harries

9/14/87 | Certicon Forest Vet. | Cuinen Hills, Politicore, Vet.

007288 (61-) 67 All the court of t e e - - 1 1 de e. ille . opolee et me e, c.

, the interest of the state of

net de la de la contraction de

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	5	. 2	8	7
C - C - C - C - C - C - C - C - C - C -			. 0	

	100	REGISTRAR									REG. NO.					
		CEASED NAME	MIDDLE		LAST			20 DATE OF	DFATH	MONTH	DAY YEAR	26 HO	UR A			
4	LITTE	OR PRINT)	velyn	M	ae		Shoen	naker		Sep	tembe	r 9,	1987	12:	15	
	3. SEX			RACE		5. DATE	OF BIRTH			6 AGE (IN YE			IF UNDER 1 YEA		R 24 HRS	
	-1	Female		wh	ite	MON	TH	DAY 1	27	10	Ox	YRS	MONTHS DAY	HOURS	MIN	
3		RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	MARRIED NEVER MARRIED						Y OF DEATH			
100	1	maryla	nd	US	· A.	WIDOW	/ED 🗌	DIVO	RCED 🔲	Baltimore				County MD.		
4	10. CI	TY OR TOWN OF DEA	ATH		HEACILITY, GIVE ST		OR OTHE	RINSTITU	JTION	TYPE OF WORK		WORKING L	HE INDUSTR	of Busing n Hon		
3	LISUA	AL RESIDENCE (IF NUR	SING HOME OF O	THER INSTITUTION	GIVE RESIDENCE A	FORE ADMISSION	phi	IOLI						11 1100		
4	130 S	ND	136 COUNT		13c. CITY OR T	timer	13d. INS			134 STREET A	DDRESS	ZIP COD	E 21	224		
P	14 FA	THER'S NAME	MI	DDLE	LAST		15. MO		AIDEN NAM		MIDDLE		*** 1	AST	1 1 -1-	
1	9	Charles	5 F	Edgar	Sand				zabet	n .	Anna		Wal	Îbil!	LICK	
4		VAS DECEASED EVER		ED FORCES?		ECURITY NO		ORMANI			ADDRE			_		
		No			218-22	2-1841	Tr	nomas	5 L. S.	hoemak	er 48	2 M11	cabile			
		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b)	, and Is	77		11		0		BETWEE	DXIMATE INTE	RVAL D DEATH	
		PARTI. DEATH W	IMMEDIATE		Biv	eumo	ula		Heurs	faul	Lurg					
				DUE TO, O	R AS A CONSE	OUENCE OF	^	0 -	^		/ ^	,	2			
		Conditions, if any	, which	( (b)_	Post	Myoca	rdice	V La	larch	7 cm V	eut	rail	cur			
		gave rise to impose couse (a), statu		DUETO	R AS A CONSE	OUENCE OF		10	2	1 1						
		underlying couse		((c)			Depo	tack	De	legt						
		PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BU	T NOT RE	LATED TO	THE TERMI	INAL DISE ASE	ORCON	ITION GI	VEN IN PART	lio		
	0															
	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	IICH OPERATI	ON WAS I	PERFORM	NED .	200 AUTC	PSY?		S, WERE FINE			
71	TE									YES 🗌	NO		ES	NO [		
	CER	210. ACCIDENT WAS UN	DERLYING	216 TIME C			21c. HC	ULNI WO	RYOCCURR	ED (ENTER NA	TURE OF INJUR	Y IN ITEM TO	PART 1 OR PART 2	}		
1		OR CONTRIBUTING		,	M. MONTH M.	DAY YEAR										
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		_	CATION					COUNTY	-	STATE	
	W	WHILE NOT WE	HILE	(AT HOME STI	REET FACTORY OFF	ICE FARM ETC ]		STREET			CITY OR TO	VN	COUNTY		STATE	
		22a I certify that (I)		1) attended th	e deceased fro	om			19	to			19	, that III	(we) lost	
		sow the deceas	ed olive on				and that is			death accurre	d on the do	ite and ha	ur and from t	ne couses s	toted	
		obove, (I) (we) (	did) (did not)	view the body	ofter death.		DEGREE						22c DA	TE SIGNED	,	
		16.	10	.17	1				ENDING	MEDICAL	STAF	F	00	-09-	27	
		224. PHYSICIANCS N	AME ITH ON	Y	1		77e Al	DDRESS	YSICIAN _	DIRECTOR	PHISIC	IAN	101	0/1	<u> </u>	
		Stepl	,	1	nedly		1	2 G	Str.	Pier	re R	sr.				
	23o B	BURIAL, CREMATION	, REMOVAL	23b. DATE		23c. NAME OF	CEMETER	Y OR CR	EMATORY	23d LOCA	OR TOWN		COUNTY		STATE	
	(	Burial		9-12-		Holly				Balt	imore	Mar	yland			
		JNERAL DIRECTOR	Duda-	Ruck Fr	meral	Hame of	Dun	dalk	250 DATE	E REC'D. BY R	EGISTRAR	25b REGIS	TRAR'S SIGN	ATURE		
		NAME			re. Dun			1222		151	987	Julia	Divideor	. Rando	ald,	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or ather traumatic

a y more than the second of th most and the second second that recount Band Signiff with A Digniff of do

DEPARTMEN

NT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	S	7	REG. NO.	5	2	8	
	20.00	A SERVICE SPACE	BEVELL WARREN	Charles III	D. 4.14	ME . B	г

4	REGISTRAR	CERTIF	ICATE OF DEATH	8 REG. NE	2 3 4	0 0
	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)  RAKHIL	SH	ur	9/24/87	MONTH DAY Y	26 HOUR 5-27/M
	F EMALE 4. RACE HITE	5. DATE C	OF BIRTH  PAR  PAR  PAR  PAR  PAR  PAR  PAR  PA	AGE (IN YEARS EAST BIRT		1 YEAR IF UNDER 24 HRS DAYS HOURS MIN
1	RUSSTA PLACE (STATE OF PORTION OF WHAT COUNTY	WIDOWE		9 BALTIMORE CITY OF	more (	menty MD.
9	11. NAME OF HOSPITAL, NUM (IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION HOUSEWIFE	DN 12b. K WORKING LIFE) INDU	IND OF BUSIMESS OR
5	USUAL RESIDENCE III MARKET OR OR OTHER INSTITUTION, GIVE RESIDENCE BE MARYLAND		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 5715 PARK	ZII COOL	PT. 514 21215
0	A FATHER'S NAME BORUCH MICHEL VIZEI	LMAN	13. MOTHER'S MAIDEN NA FIRESTHEI	R		NOWN
7	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIALS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  NO. 217-9	ECURITY NO. 2-8563		DAVID SHUR ^{DRE} D. RANDALLS	STOWN, MD	21133
	DUE TO OR AS A CONSE	QUENCE OF		PRREST 140 CARDI IN PAR		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  190. DATE OF OPERATION  196. CONDITION FOR WH  210. ACCIDENT WAS UNDERLYING   211. TIME OF INJURY	13911		200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED
7	TO ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MONTH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT MORK. STREET, FACTORY, OFF AT WORK.   AT WORK.	19 ICE, FARM, ETC }	211 LOCATION STREET	RED (ENTER NATURE OF INJUR	L. Faul	
/	obove (HTWe) (did) (did not view the body ofter deoth.  22b. SIGNATURE	9 17 01	PHYSICIAN	MEDICAL STAF	FIAN D	DATE SIGNED
	230. BURIAL, CREMATION, REMOVAL 23b. DATE		EMETERY OR CREMATORY RE HEBREW	23d LOCATION RETSTERS		229 10. MDate
	74 FUNERAL DIRECTOR SOL LEVINSON & BROS			TE REC'D. BY REGISTRAN		GNATURE Long Randoss

DHMH - 16 60M 7/B4 (VRA 15, 4)

6010 REISTERSTOWN RD

BALTO, MD

BP.

MPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the

DHMH - 16 60M 7/84

(VRA 15, 4)

6.3	7 8 7	F 0		A Pa	W4 6	0.05
	1 A I	E 0	<b>▶ M</b>	AK	T 1 A	N PUI

066482 SEP 23% DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME August Sieamund Carroll LIYPE OR PRINTI 8 Carro 5. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH YEAR Male White 24 09 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Baltimore Maryland DIVORCED [ I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Refrigeration Traffic Mgr. nWSOM USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Warehouse 603 Cranbrook Rd., 21030 136 COUNTY 134 INSIDE CITY LIMITS? Baltimore Cockeysville Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Schnibbe Lula Siegmund August Henry ADDRESS 21030 IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATEST Evelyn E. Siegmund, 603 Cranbrook Rd., 215-09-5299 No 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_ peritonitis Conditions, if ony, which gove rise to immediate couse to), stoting the duadenal ulcer underlying couse lost CERTIFICATION Curcinoma 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC ) 220.1 certify that (1) (this hospita) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 77e ADDRESS L. Walters, M.D. GBMC 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL Md. STATE Balto. Dundalk 9/22/87 Oaklawn Cemetery Julia Davidson Rondale Lemmon, 10 W. Padonia Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO" PECEASED NAME To DATE KNOWN ART, AL DIRECTOR.
YOUR FILES.
HIN 72 HOURS OF ESTI-STEVEN 9-9-87 3 SEX 4 RACE DATE OF BIRTH 2d HOUR IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED :20P MALE. WHITE 6 1955 32 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY New York IIS.A DIVORCED Baltimore County IN CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Dundalk Courseway@I-695 Manager ISLIAL RESIDENCE HEINNUR OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Chase 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAMI FIRST Phillip. Singer Pauline Grossman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 7. INFORMANT 085-46-4181 Phillip Grossman Brooklyn, N.Y. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) (AIDS) positive Test 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF YOF FUNEXAL DIRECTOR: PAGE 3 SHOULD BE USED TO FUNEXAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTMORE, MARNAND, \$1201 PRIDR, TO BURIAL, YES X NO 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR HOUR A.M. MONTH DAY YEAR driver of an auto/truck collision/fixed object 9-9-87 THE PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 211 LOCATION AT WORK AT WO STREET, FACTORY, FARM, ETC. Dundalk, Maryland I-695 Courseway@ hawy. 22a I certify that I took charge of the remains described above, held on Inspection and in my apinion death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 9-10-87 Assistant MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION COUNTY STATE Buria1 9 - 13 - 87Montifore Cemetery 07/84 Albans Queens SFP 1 4 1987 Julia Distriction Company 24 FUNERAL DIRECTOR Hebrew Memorial F. H. Inc-1100 Reisterstown Rd. **DHMH - 17** (VR A15 ME (5))

,	15-	FOR ATE REGISTRAR			DEPARTN		EALTH AND MENTAL HY	GIENE						
	1 DEC	EASED NAME	FIRST		MIDDLE		AST .	20 DATE OF I	REG. NO.	DAY "-YEAR	12b HOUR			
		OR PRINT)		•		4	4 4	CA.	12 6	1	ZB HOUR			
			ride	1	BRUCE	21	XX	1-1-	12.0		105 AV			
1	3. SEX	10	4. F	RACE .		5. DATE C		6. AGE (IN YEA	ARS LAST BIRTHDAY	MONTHS DAY				
1	-	Male		Whi	48)		- 3- 20	6	YRS					
1		RTHPLACE (STATE OR I	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	NEVER MARRIED	9 BALTIMOR	E CITY OR COUNT	Y OF DEATH				
		mo		US	A	WIDOWE			1000	501	MI			
1	10-51	TY OR TOWN OF DEA	ATH 11.				OR OTHER INSTITUTION	12a. USUAL O			OF BUSINESS OR			
	4	04146		5+	5050	DV.	Hospital	Fore	eman .		erospac			
1	13a. S	I RESIDENCE (IF NURS TATE arvland	136 COUNTY Balti		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET AL 8714	ODRESS / ZIP COD Cimarro	n Cir	cle 212			
		THER'S NAME					15. MOTHER'S MAIDEN NA		GIMALLO	11 011	010 111			
1		FIRST	MIDI		IAST		FIRST	E1:	zabeth		Wallace			
	16- 14	Bruce AS DECEASED EVER	Thom		SIXX	DITY NO	Mary	E11	ADDRESS		Wallace			
		ES, NO OR UNKNOWN)	(IF YES, GIVE WA								1/00100			
١		Yes	W.W.	II	217-09-	0531	ALMA ROMA	INE SIX	XX BALTI					
		18 CAUSE OF DEAT	H (Enter only o	ne couse per	line for (a), (b), and	l (c'.)		-12		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH			
1		PART I. DEATH W	IMMEDIATE C	AUSE (o)	POSSIBLE	ASPIR	ATION PNEUM	ONIA		~	10 Hours			
1		III COLUMN		DUE TO OF	AS A CONSEQUE	CONSEQUENCE OF								
١		Conditions, if ony,	which (		PSEUDOBUL		PALSY	Ye	EMIS					
-	-	gove rise to imr	nediote	DUE TO OF	AC A CONCEOUS	NEEDE								
1		underlying cause			AS A CONSEQUE		rus, ASCVD, M	ULTIPLE	CNS INFA	rok Y	EARS			
1		PART 2 OTHER SIGN	VIEICANT CON				NOT RELATED TO THE TER				1/0			
1	N N						(FEEDING CASI							
Н	ATI	190 DATE OF OPERA					N WAS PERFORMED	200 AUTOP		S. WERE FINE				
1	FFC								IN CERTI	FYING CAUS	ES OF DEATH?			
Н	CERTIFICATION	71a ACCIDENT WAS UNE	DERLYING [	21b. TIME O	F IN IURY	-	21c HOW INJURY OCCUP	YES PED (source		ES BARRAGE	NO 🗌			
		OR CONTRIBUTING	L.,		M. MONTH DA	Y YEAR	THE HOLD WASON OCCOM	(ENIER NATO	INE OF INJURY IN HEM IS	PART I OR PART 2				
1	WEDICAL	(IF EITHER, NOTIFY MEDI		P./		19								
1	AED	21d INJURY OCCUR		21e PLACE (	DF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE			
1		AT WORK NO! WH	RK L			,					April 19 To April 19			
1		22a.1 certify that (1)	(this hospital)	ottended the	e deceased from_	9/	19 87	, to	9/13	1987	_, that (I (we) ast			
		sow the decease above (1) (we) (c	did (did not) vi	ew the body	19 8	7_, on	d that in (my) (our) opinion	death accurred	on the date and ha	ui and from t	he couses stated			
		226. SIGNATURE	-		oner deom.	1	DEGREE			22c DATE SIGNED				
		X	//	/	~	n	ATTENDING PHYSICIAN	MEDICAL	STAFF	- 9/12/8-				
4	,	224 PHYSICIAN'S NA	ME (TYPE OR PRI	NIV		22e ADDRESS								
	//	JAME		0			7500 15 000							

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: # Hem 21 is marked or Hem 18 shaws any

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23t NAME OF CEMETERY OR CREMATORY

ORY 23d LOCATION
ARK BALTIMORE CO., STATE

BURIAL
24 FUNERAL DIRECTOR SEPT.16, 87MORELAND MEM.PARK

250. DASEGO. BY REGISTRAR'S SIGNATURE

Julia Dinan-Rudus

8521 TOCH RAVEN BLVD E . **JOHNSON** 

Q65108 SEP	0.0	2					OF MARYL					
600100 SEF	40	STAIL			DEPART		ICATE OF I	MENTAL HYG DEATH	Q /	2	5 9 9	43
	1.050	REGISTRAR	FIRST		MIDDLE		AST		2g. DATE OF	REG. NQ.	DAY YEAR	26 HOUR
o ωξ		EASED NAME							20. DATE OF	9	3 87	10 13000
Q 0 0		Sa	wyer		Vilson	5. DATE O	kipper		A AGE LINIY	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
t 4 may tar. pag offer d	3. SEX			4 RACE		S. DATE (	DAY	YEAR	O. AGE TINT		MONTHS DAYS	HOURS MIN.
Poge directe		ale		Caucas		1	11	1910	O DALTIMO	77 YR		
7/0 P	00	THPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	MARRIE	DE NEVER	MARRIED -		RE CITY OR COU		
deot deot		laryland			States	WIDOWI		NORCED		Ltimore C		MD.
offer of willied		Y OR TOWN OF DEAT	н	LIE NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		IIIUIION	(TYPE OF WORK	FOR MOST OF WORKIN	G HEE) INDUSTRY	
The filed of the f		ikesville			7 Clarend		enue		Ret.	Care Tak	cer   Riggs	s Estate
BAILIMORE, MARYLAND 2120' ore be executed within 24 hours sistion ong completely Lifted in by spers. Pages, 1 prior hough be file voil. ii, the medical example may be not	13a S	L RESIDENCE (IF NURSIN TATE Laryland	39 CON	timore	13c. CITY OR TOW Pikesvi	/N	13d. INSIDE C	NO XX	13e.STREET A	Clarendo	on Avenue	21208
1 全人	14 FA	HER'S NAME		MIDDLE	1457			S MAIDEN NA	WE	WIODEE	IAS	1
A CARELEO	S	tephen		MIDDLE	Skipper			Susie		MIODE	Buri	nham
H. 12 07 0		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMA	ANT Mrs.	Marie	Skipper		
Book &		es, no or unknown)	W	WII	215-05-	6711	227 C	larendo	n Ave.	Baltimo	ore, MD.	21208
ALT sicio ol.		18 CAUSE OF DEATH	(Enter on	ly one couse per	line for (a), (b), ar	id if	11					MATE INTERVAL ONSET AND DEATH
T., B		PART I. DEATH WA		D BY: E C AUSE (a)	me	Ton	Tota:	Cay	cum		19	82
or re		DUE TO, OR AS A CONSEQUENCE OF										
PRESTON he death c emove cordi mation, or r froumatic		Conditions, if any, which (b)										
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
that that the by the ease rease of, cre		underlying cause last.										
gned n ple		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN									GIVEN IN PART 110	9
RDS equ equ The r to inju	CERTIFICATION	Corman osten poure										
eco ow r prio	S	190 DATE OF OPERATI	ON	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	20a AUTO	DPSY? 20b. IF	YES, WERE FINDIN	OF DEATH?
TALRI The land of the land of	TE	9/8			One	lug			YES 🗌	NOM	YES 🗌	№ □
ON OF VITA HYSICIAN: TI ding physici is certificate buriol-transi Mental Hygi metern 18 sh		OR CONTRIBUTING				AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM	A 18 PART I OR PART 2}	
ON OF HYSICIA ding p is certification. Mental	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER	P.	Μ.	19						
PHY sandir this of M ad M ad M	VED	21d. INJURY OCCURRE			OF INJURY REET, FACTORY OFFICE,	FARM, ETC )	21f. LOCATI	ION		CITY OR TOWN	COUNTY	STATE
offer of the orke	-	AT WORK AT WORK	£ 🗆							1	07	
NDIN NOIN No os os Use os Teolth		220.1 certify that		1	e deceased from.	00		19 8 6	, to	7/5		thor (1) (we) lost
ATTE spirts CTO I for 1 2 1		above (I) (we) (d	d idid no	Wiesethe body	after death.	8-1.0		(our) opinion	death accurre	d on the date and	hour and from the	
OR AT OR AT DIREC- Doched for Dept. of them if		77k SIGNATURE +-L	S	M/	0		DEGREE	ATTENDING	MÉDICAL	STAFF	22c. DATE	BIGNED
RAL I deto fore I			'/	new.	w			PHYSICIAN &	DIRECTOR	PHYSICIAN	7/	71/8/
HOSPITAL ined by the VIDERAL wide be dette h the Store		72d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)	4.5		22e. ADDRE	SS Old	1000	+ 0, 1	Kany	alfo tou
TO HOSPITAL retoined by the TO FUNERAL should be determined with the Store with the Store		MIORYO	NY	1115.	UND		100/1	UNIX	Come	1000	· Md a	1133
75 F#3 3		URIAL, CREMATION, R	EMOVA	236 DATE				CREMATORY	23d. LOC	ATION OR TOWN	YINUO	STATE
BP		Burial		9/5/				t CH. C		thervill		
DHMH - 16 60M 7/84	24. FL	INERAL DIRECTOR LO	oring	Byers	Funeral ADDRESS	Direct	cors, I	nc . 250 DA	E REC'D. BY	REGISTRAL 256 RE	GISTRAR'S SIGNAT	URE
(VRA 15, 4)	87	28 Liberty	Road	Randa	11stown,	MD.	21133	SEP	U 9 19	gumes	evidour-Rom	the state of the s

# STATE OF MARYLAND

13	in	1	7
bia	-	Gue	
REG NO			

	- 0							STAT	E OF MARYLAND			-2
005	2506	SEP I	187	FOR STATE			DEPART		EALTH AND MENTAL HYC	SIENE 2	5 2 7	
21. 5	25/2	19	I. DEC	REGISTRAR EASED NAME	FIRST	,	MIDDLE	CERTI	AST	REG. NO		EAR 126 HOUR
000	PO PE	N	(TYPE	ry Ellen S						August 31,		8:00 Pm
	poge er deo		3 SEX		raue	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		
	ctor s ofte		Tr.	malo		White		MONTE	. 25, 1931	55		DAYS HOURS MIN.
	Pog	00	70 BIF	male	REIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY OF DEA	TH
	nerol n 72	切り	C	timore. Md		U.S.A.		WIDOWE	NEVER MARRIED DIVORCED	D-31/		MD.
	2 5 E	8	10 CI	Y OR TOWN OF DEAT	H	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	Baltimore 120. USUAL OCCUPATION	ON 126. KI	IND OF BUSINESS OR
5	+ + P	10	TATI	nite_Hall			HFACILITY, GIVE STREET			Teacher		chool
MARYLAND 2120	e i o	2/2	USUA	L RESIDENCE (IF NURSIN	G HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /		31001
QN.	in 24 h y filled hould b	製り	M	. 8	alti	more	White H		YES NO	10735 Gray		21161
RYLA	ithin 2 sh	a u		THER'S NAME		MIODIE	LAST		15. MOTHER'S MAIDEN NA			LAST
W W	ond ond	100	-	ron Stirli	-	urry	TE LOC			mona Cordra		1,731
ORE,	Poget Co	edicol	16a W	AS DECEASED EVER IN	U.S. AR	MED FORCES?	166 SOCIAL SECL	IRITY NO.	17. INFORMANT	10725 C		
BALTIMORE,	be e	E	N	2			219-28-9	806	C. Eldon Sla	de, 19733 Gi	raystone R	21101
	certificate ing physic	ic event, th		PART I DEATH WA	S CAUSE	TE CAUSE (o)	ample	atto	is of Mul	tiple Sole	ensis "	PPROXIMATE PITERYAL WEEN CHISET AND DEATH
I W. PRESTON ST.,	thos the deoth			Conditions, if any, gave rise to imme cause (a), stating underlying cause	diote	(b)_	R AS A CONSEQUE			V		
DIVISION OF VITAL RECORDS, 201	equires n Signe Then pl	2 .2	TION						NOT RELATED TO THE TERM			
L REC	n. nas be	ws any	CERTIFICATION	19a DATE OF OPERATION	N	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOT	20b. IF YES, WERE F IN CERTIFYING CA YES	
FVITA	G PHYSICIAN: The ottending physicion in the burial-tronsit the burial-tronsit physician and manner in the burial-tronsit.	ltem 18 sh	_	21a. ACCIDENT WAS UNDER			FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM IB PART I OR PA	4R1 2)
O Z	PHYSICIAN: ending physical this certification in burial-troops	lifem.	MEDICAL	(IF EITHER NOTIFY MEDICA	1-EHAMINE		W.	19	211 LOCATION			
OISIA	G PHYSIC ottending er this cer s the buria	orkedor	MEC	WHILE ALL WOLLD	(b)		RET, FACTORY, OFFICE.	MM 81C (	STREET	CITY OR TO	WN COUN	NTY STATE
õ	Africa Se of	E S		22a. I corofy that III	is hosp	tal) attended th	o of water Trong	3/2	8/79.19		3/ 1907	, that (I) (we) last
	TI de porte	5 6	19		flive on	view the gody	Ater Jepth 19		nd that in (my) (our) apinion	death occurred on the do		
	0 . 5 5	T. If Rem		22k SANGTURE	h	) ()	96	1 8	ATTENDING PHYSICIAN	MEDICAL STAR		DATE SIGNED 9-1-87
	TO HOSPITAL ( retained by the TO FUNERAL E should be deta	MPORTANT		A WINTE	) IN	OR PRINT)	In		Shew	sbury 6	27/	7361
7 7 11	ope of She	3 ≧ (	23a B	URIAL, CREMATION, RI	MOVAL	23b DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	BP	_				Sept. 3	3, 1987	Verno	n Cemeterv	White Ha		Ito. Co.
	DHMH - 16 60	M 7/B4	24 FU	NERAL DIRECTOR			AODRESS		25a. DA	TE REC'D. BY REGISTRAS	25h REGISTRAR'S SI	GNATURE
	(VRA 15,	4)	J	J. Hartens	teir	24 Seco		ew Fr	17349 FEP	081987 8	ha Dendon	Corpusa

e pe exe

066162

may be

ral director, page 3

reletely filled in by the ind & should be filed within

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	87	FOR STATE REGISTRAR			DEPAI		EALTH AND MENTAL HYC	GIENE 2	5 2	4)	in a		
		CEASED NAME	FIRST		MIDDLE	Į.	AST	20. DATE OF DEATH		YEAR	26 HOUR		
	3. SE)		nna	RACE	•	5. DATE C		6. AGE (IN YEARS LAST BI		JNDER I YEAR	IF UNIVER 24 HRS		
	7	Female			hite	Mar		96	YRS	VIHS. DAYS	HOURS MIN.		
4	70. BII	RTHPLACE (STATE OR FI	OREIGN )	US	what countr <b>A</b>	MARRIEI WIDOWE	DE NEVER MARRIED	Balto. Co		DEATH	MD.		
2	10 CI	ITY OR TOWN OF DEA		1. NAME OF I	HOSPITAL, NUR TH FACILITY, GIVE STR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	F BUSINESS OR				
1		Towson  AL RESIDENCE (IF NURSI	ING HOME OR C	THER INSTITUTION		FORE ADMISSION)		Homemake		Ma	21220		
-	13a. S	Md.	136. COUNT Ba	Lto.	Catons	sville	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 205 Blooms	/ ZII CODE	Md. 21228 Ave.Catonsville			
2	14. FA	THER'S NAME FIRST Paul	,	IDDLE	lasi Brai		15. MOTHER'S MAIDEN NA FIRST  Anna	THER'S MAIDEN NAME FIRST MIDDLE			t l		
		VAS DECEASED EVER		NED FORCES?	16b. SOCIAL SE		17. INFORMANT	ADDR		ndewa 2	1204		
		No No	(IF TES, GIVE	WAR OR DATES)	215-34-	-8382	Presbyterian	Home of Mo	1.,400 G				
ì		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	one couse per BY: CAUSE (o)	line for (a), (b),	and (c'.)	Imanary	Annes	+	BETWEEN ONSET AND DEATH			
		Canditions, if any, gave rise to imm cause (a), stating underlying cause	nediote g the	(b)	R AS A CONSEC TANZ	ONIC	congestive	e less co	ATLUN WSESSI	40	edis		
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									) ·		
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO					
7		21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT			M. MONTH DAY YEAR			JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)				
	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e. PLACE (AT HOME, STE				CITY OR TOWN COUNTY			STATE		
		22a. I certify that (I) saw the decease obave, (I) (well (d	ed alive on_	Sept	19	CD	A-y /7_, 19_(a) and that in (my) (aur) opinion	death occurred on the d	lote and hour or		that (I) ( <del>we)</del> last causes stated		
		obove, (I) (but (did not) view the body ofter death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN									16-87		
		Dr. S.		nable,J	r.		7215 York	Road Balto	o.Md. 21	212			
	(	BURIAL, CREMATION, (SPECIFY Burial	REMOVAL	9/16/		36. NAME OF C	emetery or crematory Park	23d. LOCATION CULY OF TOWN Balto.	- c	OUNTY	Md.		
	24 FU Mi	uneral director tchell-Wie	defelo	Home,	Inc. ADDRES	Balto. 500 Yor	,Md.21212 25a. DA'	SEP 1 7 1987		R'S SIGNATI			

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached far use as the buriol-tronsit permit. Then please remove corbor with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or rer MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendi TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

retained by the hospital or attending physician.

BP

75 00 01200

STATE OF MARYLAND 067540 lack DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME KNOWN TO 2ª DATE (TYPE OR PRINT) ESTI-SMITH UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS. DEATH ARTHUR 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. PRONOUNCED MONTH LAST BIRTHDAY 16 DEAR 03 MALE 01 BLACK 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH ON BIRTHPLACE ISTATE OF MARRIED X NEVER MARRIED POWERGIN COUNTRY) BALTIMORE COUNTY WIDOWED _ DIVORCED ME CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY BALTIMORE JOSEPH HOSPITAL N/A N/A UAL RESIDENCE (IF IN NUR ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 130. STATE 4 M3b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 1011B PLEASANT OAKS ROAD 21234 MD BALTO. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MARY LAST JOHN SMITH 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 250-09-2164 1011B PLFASANT OAKS RD ANNIE 18. CAUSE OF DEATH (Enter only one cause per line for RD "PENDING" IN PENCIL IN THE MEDICAL EXAMINER ALGORATION OF A BURNAL TRANSIT HE MENTAL GENERAL, CREMATION, OR REPORTED TO THE MENTAL CREMATION OF PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELAKED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION THIS CERTIFICATE SHOULD
THE, WRITING THE WORD "PEI
SEWARDED TO THE CHIEF W
PAGE 3 SHOULD BE USED A
STATE DEPARTMENT OF HEAD
21201 PRIOR TO BURRIAL, CO 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC } CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BABITIMORE, MARYLAND, 2 220. I certify that I took charge af the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted from Natural causes Accident Homicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) THE BURIAL CREMATION REMOVAL THE DATE 73d LOCATION 73c NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL 10/3/87 BALTIMORE CEMETERY 07/84 RAI TIMORE 25M 24 FUNERAL DIRECTOR 154 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

**DHMH - 17** 

(VR A15 ME (5))

MARCH F/H. INC.

		13 2-136
		941
		NT IN
·英华	STEEL LOS	
	47.00	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANDIC 1201

director, page 3

## STATE OF MARYLAND DEP

ARTMENT OF HEALTH AND MENTAL HY	GIENE			734		,
CERTIFICATE OF DEATH	8	1	REG. NO.	5	il contract	3

3. SEX	ASED NAME "John Male	Earl		MIDDLE	1	AST	2a. DATE OF DEATH	MONTH	DAY YEAR			
3. SEX							Se. DAIL OF DEATH			26 HOUR		
3. SEX				SMITH			September	15.	1987	4:06p		
7o. BIRTI	37.3.	1.4	RACE		5. DATE C	AC DIDTH	6. AGE LIN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS		
	1 2 1 A		Whit	t e		10.041925YEAR	62	nuar)	MONTHS DAYS	HOURS MIN.		
	A COLLEGE		*****		160.	10, 172)	92	YRS				
WES	HPLACE (STATE OR F			WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	COUNT	Y OF DEATH			
	St" Virgin	ia	USA		WIDOWE		Baltimore	Cour	nt v			
CITY	OR TOWN OF DEA	TH 11	NAME OF I	HOSPITAL NURSIN		OR OTHER INSTITUTION	12e USUAL OCCUPATION			M DISINESS OF		
Ross	sville 21	237	Mary nako	HAMIN SOE STREET	ospit	al	128 USUAL OCCUPATION 12b. KIND OF BUSINESS (INDEXECTION MOST OF WORKING LIFE) INDEXE 1 CO.					
							Dawrer					
SUAL 13a, STA	RESIDENCE (IF NURS	136 COUNTY				AND INCIDE CITY LIMITED	LA STREET ADDRESS (	710 605				
	ryland	alt.	imore	LSSEX	N	13d. INSIDE CITY LIMITS?	1121 ADDRESS	ster	n Ave.	21221		
_	HER'S NAME					15. MOTHER'S MAIDEN NAM						
7	FIRST	MID	DIE	LAST								
	Al	exander	r Smit	th		Stella .	Lepenski					
	S DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS				
{YES,	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	236 22 1	297	Joanne Smi	th Wife	5	Same			
				<del></del>		Joanne Smith, Wife Same						
18	PART I. DEATH W	H (Enter anly (	ane cause per	line for (a), (b), and	dicti	BETWEEN ONSET						
	TAKT I. DEATH W	IMMEDIATE (	AUSE (a)	ardiopulm	onary	Arrest						
			DUE TO, O	R AS A CONSEQUE								
(	Canditions, if any,	which	( _(b) Ca	arcinoma	of Lu	ng - Large Ce	ll undiffere	entia	ited			
	gave rise to imm		BUETO		1105.05							
couse (a), starting the underlying cause last.  DUETO, OR AS A CONSEQUENCE OF												
			NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0									
	ART O CHIER CIC		(c)									
P	ART 2. OTHER SIGN		NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION G	IVEN IN PART 16	0		
P		NIFICANT CO										
P	ART 2. OTHER SIGN	NIFICANT CO				NOT RELATED TO THE TERM	INAL DISEASE OR CONE	20b. IF YI	ES, WERE FINDIN	NGS USED		
P		NIFICANT CO						20b. IF YI IN CERT		NGS USED		
P		NIFICANT COI		ITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YI IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES [	NGS USED OF DEATH?		
CERTIFICATION 61	a DATE OF OPERAL	NIFICANT COL	196 CONDI	ITION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YI IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES [	NGS USED OF DEATH?		
CERTIFICATION 61	a DATE OF OPERAT	TION  DERLYING  CAUSE OF DEATH CALEXAMINER)	196 CONDI 216 TIME O HOUR A.	FINJURY M. MONTH DA	OPERATIO	N WAS PERFORMED  21c HOW INJURY OCCURR	200 AUTOPSY?	20b. IF YI IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES [	NGS USED OF DEATH?		
MEDICAL CERTIFICATION	DATE OF OPERAT	TION  DERLYING  CAUSE OF DEATH CALEXAMINER)	216. TIME O HOUR A P.:	ITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YI IN CERT Y	ES, WERE FINDIN IFYING CAUSES 'ES [	NGS USED OF DEATH?		
MEDICAL CERTIFICATION	a DATE OF OPERAT	DERLYING	216. TIME O HOUR A P.:	FINJURY M. MONTH DA	OPERATIO AY YEAR 19	N WAS PERFORMED  21c HOW INJURY OCCURR	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJUR	20b. IF YI IN CERT Y	ES, WERE FINDIN IFYING CAUSES 'ES PART   OR PART 2)	NGS USED OF DEATH? NO		
MEDICAL CERTIFICATION	B DATE OF OPERAL  10. ACCIDENT WAS UND  DR CONTRIBUTING   (IF EITHER NOTHY MEDIC  ID INJURY OCCURR  WHILE  NOT WH  TWORK  NOT WH  TWORK  NOT WH  AT WOOR	DERLYING CAUSE OF DEATH CALEXAMINER) RED REC	21b. TIME O HOUR A P 21e. PLACE (AT HOME, STR	ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA	OPERATIO  AY YEAR  19  ARM. ETC.)	N WAS PERFORMED  21c HOW INJURY OCCURR 21t LOCATION STREET	200. AUTOPSY?  YES NO SED (ENTER NATURE OF INJUR	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FINDIN IFYING CAUSES (ES	NGS USED OF DEATH? NO		
MEDICAL CERTIFICATION	10. ACCIDENT WAS UND DIR CONTRIBUTING CO (IF EITHER NOTHY MEDIC ID IN UNIT OF WHITE WHITE NOTHY WHITE WORK NOTHY WHITE WORK AT WOO  20.1 certify that X	TION  DERLYING  CAUSE OF DEATH CALEXAMINER)  RED  (this hospital	21b. TIME O HOUR A 21e PLACE STA (AT HOME, STA	ITION FOR WHICH	OPERATIO  AY YEAR  19  ARM.ETC)	216 HOW INJURY OCCURR 216 LOCATION STREET  19 87	200. AUTOPSY?  YES NO CHIT OR TOV	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FINDIN IFYING CAUSES (ES   PART   OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE		
MEDICAL CERTIFICATION	a DATE OF OPERAT	TION  DERLYING  CAUSE OF DEATH CALEXAMINER)  RED  (this hospital	21b. TIME O HOUR A 21e PLACE STA (AT HOME, STA	ITION FOR WHICH	OPERATION  AY YEAR  19  ARM. ETC.)  Ptom  87., or	216 HOW INJURY OCCURR  211 LOCATION STREET  DOY 11 . 19.87 and that in (rg/) (our) opinion of	200. AUTOPSY?  YES NO CHIT OR TOV	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FINDIN IFYING CAUSES (ES   PART   OR PART 2)  COUNTY  5 19 87  our ond from the	NGS USED OF DEATH? NO  STATE  that XI (we) la couses stated		
MEDICAL CERTIFICATION	10. ACCIDENT WAS UND DIR CONTRIBUTING CO (IF EITHER NOTHY MEDIC ID IN UNIT OF WHITE WHITE NOTHY WHITE WORK NOTHY WHITE WORK AT WOO  20.1 certify that X	TION  DERLYING  CAUSE OF DEATH CALEXAMINER)  RED  (this hospital	21b. TIME O HOUR A 21e PLACE STA (AT HOME, STA	ITION FOR WHICH IT INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA  deceased from \$1  15  19	OPERATIO  AY YEAR  19  ARM.ETC)  eptem  87., or	211 LOCATION STREET  DOCUMENTS  211 LOCATION STREET  DOCUMENTS  DO	200 AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  to September	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FINDIN IFYING CAUSES (ES   PART   OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE  that XI (we) la couses stated		
MEDICAL CERTIFICATION	a DATE OF OPERAT	TION  DERLYING  CAUSE OF DEATH CALEXAMINER)  RED  (this hospital	21b. TIME O HOUR A 21e PLACE STA (AT HOME, STA	ITION FOR WHICH	OPERATIO  AY YEAR  19  ARM.ETC)  eptem  87., or	216 HOW INJURY OCCURR  216 LOCATION STREET  19 87  and that in (11/4) (our) opinion of DEGREE	200 AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  To September death occurred on the do	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FINDIN IFYING CAUSES (ES   PART   OR PART 2)  COUNTY  5 19 87  our ond from the	NGS USED OF DEATH? NO  STATE  that XI (we) la couses stated		
MEDICAL CERTIFICATION	a DATE OF OPERAT	DERLYING	21b. TIME O HOUR A 21e PLACE (AT HOME, STR	ITION FOR WHICH IT INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA  deceased from \$1  15  19	OPERATIO  AY YEAR  19  ARM.ETC)  eptem  87., or	211 LOCATION STREET  DOCUMENTS  211 LOCATION STREET  DOCUMENTS  DO	200 AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  To September death occurred on the do	20b. IF YI IN CERT Y Y IN ITEM 18	ES, WERE FINDIN IFYING CAUSES (ES   PART   OR PART 2)  COUNTY  5 19 87  our ond from the	NGS USED OF DEATH? NO  STATE  that XI (we) laccouses stated		
MEDICAL CERTIFICATION	B DATE OF OPERAT	DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital add the data.)  AME (Type or pa	21b. TIME O HOUR A.  21e PLACE (AT HOME, STR ) attended the	ITION FOR WHICH IT INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA  deceased from \$1  15  19	OPERATIO  AY YEAR  19  ARM.ETC)  eptem  87., or	211 LOCATION 211 LOCATION STREET  Der 11 19 87 ad that in (194) (our) opinion of DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TOV  CITY OR TOV  To September  death occurred an the do  MEDICAL STAF  DIRECTOR PHYSIC	20b IF YIN IN CERT Y Y IN ITEM 18  VN  The and ha	COUNTY  199 87  190 DATE  220 DATE	NGS USED OF DEATH? NO  STATE that XI (we) laccouses stated		

DHMH - 16 60M 7/8

TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physishould be detached for use as the burnal-transit permit. Then please remove carban pop with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

(VRA 15, 4)

Funeral tome PA 1407 Old Eastern Ave

250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE
SEP 1 7 1987

	A Comment			
		AND	n sår	rys) Jack
ca test a reministral of	Tay have	.po al Dipart	2.3	E office A
the transfer of the first of the		Antes and	3 (3)	ore fores
triangue a caf		ristmo (		
ened to the Action of the Action				0
		*		
		•		
				*

BP_

DHMH - 16 60M 7 114 (VRA 15, 4)

670	0.0.00		FOR STATE REGISTRAR		DE	PARTMENT OF I	ICATE OF DEA	NTAL HYG	IENE	5	2 9	7
017	98 00	(free	EASTO NAME FIRS		WIDDLE		AST				AY YEAR	26 HOUR
4	1			une			mith			_	4 87	3 AM
4 3	1	3.5E	Pemale	1	RACE Caucasia	5. DATE O		253	6. AGE (IN YEARS LAST BIRTH	~	IF UNDER I YEAR	IF UNDER 24 HRS
2 1	108		THPLACE ISTATE OF FOREIGN	N 7b.	CITIZEN OF WHAT COU	NTRY? 8.			9 BALTIMORE CITY OR	COUNTY	OF DEATH	
# D	アクク		MD MD		USA	MARRIE	D NEVER MAI	RRIED X	Baltimo			MD.
	100	C	TY OR TOWN OF DEATH	/	NAME OF HOSPITAL, NO 16 NOT INSUCH FACILITY, GIVE 306 Roand	OURSING HOME (	OR OTHER INSTITU		120 USUAL OCCUPATIO Hype of work for most of the BOOKKEEPE	N	12b. KIND C	F BUSINESS OR
24 hours	87	USU.	AL RESIDENCE (IF NURSING NO. 136. C	me or oth COUNTY rga	ner institution, give residence in the last in the las	buings eley	13d. INSIDE CITY	LIMITS?	136 STREET ADDRESS / 12 Box 457 R	ZIP CODE	2541	999
ad within	108	3511	THER'S NAME	AID			15. MOTHER'S M Anna FIRS	AAIDEN NAA	- '		Furlö	
no and	13		VAS DECEASED EVER IN U.S.			1 SECURITY NO.	17. INFORMANT Sharon		RoanoRes Evans Cat	Dr. onsv	21; ille,	228 MD
otherical and a series	on papers emoval. event, th		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA		one couse per line for (a), 3Y: CAUSE (a)	(b), and ici.	wrest				APPROX BETWEEN	MAYE INTERVAL ONSET AND DEATH
that the death or	rate remove carb		Canditions, if any, whice gave rise to immediat cause (a), stating the underlying cause las	te ne	DUE TO, OR AS A CON  (b) CANUM  DUE TO, OR AS A CON  (c)	ome of the	the lung	rani	nictailas	2+4	1	3 mentle
1 000	10.5	z	PART 2. OTHER SIGNIFICA	ANT CO	NDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDI	TION GIVE	N IN PART I	a '
he low red on.	The state of the s	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORM	NED			WERE FINDING CAUSES	
CIAN II	16	1.73	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (	OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJUI	RY OCCURR	ED (ENTER NATURE OF INJURY			
otherding	hand Me	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE WORK		21e PLACE OF INJURY (AT HOME STREET, FACTORY, (		211 LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
ATTENDIA Spiral av	for use of of Health		aw the deceased of	TE OR	attended the deceosed		nd that (my) (au	ur) apinian d	, to <u>liftential</u> leath occurred an the date	ond hour		(ve) lost couses stated
TAL OR J	detocher tote Dept		27h SIGNATURE amo	مما	& Berel	les w	PHY	ENDING YSICIAN	MEDICAL STAFF	w 🗆	9/24	185
Hospi Honed b	PORTAS		Damian		Birchess	M.D.	22e. ADDRESS 5411	Old	Frederick	Roa		nsville . 21228
7 BP	99	23e. B	urial, CREMATION, REMO SPECIEY) Crematio	n	9-24-87		EMETERY OR CRE		23d LOCATION CHYOR TOWN Baltim	ore	COUNTY	Md.

Cremation Society of Md. Inc Balto. Md

SEP 30 1987, Julia Divider Rendale

SEP 3 0 1987 ( 4.2.)

			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE												
4826 SEF	-8	REGISTRAR				CERTIF	ICATE OF DE	ATH	8 7	REG. NO	5	2	9	3	
		DECEASED NAME	FIRST		MIDDLE	i.	AST		20 DATE OF	DEATH MO	HINC	DAY YEA	R 2	b HOUR	
be 3		TYPE OR PRINT)	Wilfor	rd Richard			Smith		3 1	0	9	03 8	7	1:20p M	
(on a	1	5EX		4. RACE		5 DATE C		YEAR	AGE INY	EARS LAST BIRTHE	AY)	IF UNDER 1 Y		FUNDER 24 HRS	
ge 4	H	Male		Whit	е	Dec.		930	56		YRS	more that	.,,	MIN.	
Pog # 1	91	BIRTHPLACE (5)	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MA	ARRIED -	BALTIMO	RE CITY OR	COUNT	Y OF DEATH	H		
death	20	Maryla	Maryland		U.S.A. w			WIDOWED DIVORCED			Baltimore County				
1 37 3	V /	CITY OR TOWN	OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET		R OTHER INSTIT			CEUPATION				BUSINESS OR	
by the	742	Towson		Greater	Baltimo	re Med	ical Ce	nter	Bank	Exami	ner	Stat	te	Govt.	
t how	26	STATE	138 COUN	1TY	13c. CITY OR TOV	/N	13d. INSIDE CIT			ADDRESS / Z					
fill 22		Marylan	d 212	39	Baltim	ore	2 dam 20			Woodb	our	ne A	ve.	2123	
2 sel	RAN			MIDDLE LAST			15 MOTHER'S MAIDEN NAM		MIDDLE			LAST			
TARE	304	Richard was deceased ever in u.s. ar		G. Smith			Catherin		1e ADDRESS		Harmon				
VI"W	0 16	YES, NO OR UNKNO		E WAR OR DATES)			17 INFORMAN							21239	
icate b title hysicion and sopers. cool.	E P		Yes   Korea 218-26-3808 Joan B. Smith 1809 Woodk							Ourne Ave.					
cate cate ope	to.	18 CAUSE OF PART I. DE	ATH WAS CALISE	D RY.	r line for (a), (b), or							BETW	EEN ON	SET AND DEATH	
ertif g pl son p	<b>0</b>	A PRINCIPAL	IMMEDIA	TE CAUSE (0).	ardiac A	rrest						-			
oth c	njury, or other troumotic	DUE TO, OR AS A CONSEQUENCE OF													
e de move		gove rise	Conditions, if ony, which gove rise to immediate (b) Metabolic Deficiencies												
or th		couse (a), underlying	stating the couse last.	DUE TO, OR AS A CONSEQUENCE OF							02/87				
ed plec		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE													
significant to b															
been reprint.	À	190 DATE OF	OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO	OPSY?	Ob. IF YE	S, WERE FIN	VDINC	S USED	
he lo an. has t per	d or frem 18 shows any injur	03/2	03/24/87 Right			Upper Neck Carcinoma				YES NO YES			323 0	NO [	
HYSICIAN: The ading physicia physicial is certificate buriol-transit Mental Hygie		00.000.000.000	WAS UNDERLYING	1100110 4		AY YEAR	21c HOW INJ	URY OCCURRE	D (ENTER NA	TURE OF INJURY	IN ITEM 18	PART I OR PART	[2]		
SICIAI 19 ph certific riol-tr		(IF EITHER NOT	IFY MEDICAL EXAMINER	1111	.M,	19									
PHYSICIAN: The Istending physician this certificate has he burial-transit per and Mental Hygiene	ō	21d. INJURY C			OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION	N		CITY OR TOWN	4	COUNT	٧	STATE	
offer of the offer	orked	AT WORK	NOT WHILE AT WORK												
N N N N N N N N N N N N N N N N N N N	ž ž	220.1 certify	that (1) (this hospi	tol) ottended the	he deceased from	August		. 198/		ptembe		19_87		ot (I) (we) lost	
ATTE sprite CTO CTO of I	n 21	obove, (I	deceased alive an (we) (did) (did no	t) view the body	ber 3 19 8		nd that in (my) (	our) opinion de	eath occurre	d on the dote	ond ho				
	± e = ±	226. SIGNATU	JRE //	1 < 07			DEGREE	TENDING	MEDICAL	STAFF		-	ATE SI		
TAL y th y th RAL det det		16	Cerst-1	flee			Pi	HYSICIAN 🗌	DIRECTOR	PHYSICIA	ND	Soy	ben	44,500	
TO HOSPITAL ( retained by the TO FUNERAL I should be deta	MPORTANT		N'S NAME TYPE C				22e ADDRESS								
O HC o HC o Fl	N N N N N N N N N N N N N N N N N N N		k J. Fur					.B.M.C							
F = F % > .		30 BURIAL, CREMA	ATION, REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CE	REMATORY	234 LOCA	ATION OR TOWN		COUNTY		STATE	

(VRA 15, 4)

BP.

DHMH - 16 60M 7/B4

BALTIMORE CO., MD

BURIAL

24 FUNERAL DIRECTOR

WILLIAM E SEPT.8,'87MORELAND MEM. PARK

JOHNSON 8521

LOCH RAVEN

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BLVD.

Tavidous Rondolli

066804 SEP

	5	TA	TE	O F	M	ARYL	AND	-
TARE	MT	OF	uc		TH	AND	MENT	

FOR	DE	PARTMENT OF F	IEALTH AND MENTAL HYGIE	NE	ere 5'3	0			
25 Bregistrar		CERTIF	FICATE OF DEATH	# REGUNC	5 3	7			
1. DECEASED NAME FIRST	MIDDLE		LAST 2	a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
(TYPE OR PRINT)  Bear	m/n -	SAY	046	9	22 - 1	98)	5:56am		
3. SEX	4 RACE	5 DATE C	OF BIRTH 6	AGE (IN YEARS LAST BIRT		DER TYEAR	IF UNDER 24 HRS		
		MONT	- 16 - 1916	70	YRS.	AS DAYS	HOURS MIN.		
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	-		BALTIMORE CITY O	R COUNTY OF	DEATH			
COUNTRY) MARYLAND	USA	MARRIE	D - Marten Martin		RE COUN				
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWI		2a USUAL OCCUPATION			F BUSINESS OR		
	(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)		TYPE OF WORK FOR MOST OF	DUSTRY				
RANDALLSTOWN  USUAL RESIDENCE (IF NURSING HOME C	BALTIMORE (			SALESMAN		MEMP	PAPER		
13a STATE 13b COU	NTY 13c. CITY O	RTOWN	136. INSIDE CITY LIMITS? 13	Se STREET ADDRESS			100		
	BALTO. REIST	ERSTOWN		416 GWYNNWEST RD. #21136					
14 FATHER'S NAME FIRST		NST.	15 MOTHER'S MAIDEN NAME	MIDDLE	BERKOF	LAST	r		
SAMUEL	SNYDE		ANNIE		F				
160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	L SECURITY NO.	17 INFORMANT MRS. R			21136			
NO	212-	98-3655M	416 GWYNNWEST	GWYNNWEST RD. REISTERSTOWN, MD					
18 CAUSE OF DEATH (Enter of	inly ane cause per line for tal,	Ib', and to:		3		BETWEEN	MATE INTERVAL		
PART I. DEATH WAS CAUS		0-001	wary arr	45Y.					
	DUE TO, OR AS A CON	ISEQUENCE OF	•						
Canditions, if any, which			collapse		- (40)				
gave rise to immediate cause (a), stating the	)								
underlying cause last.	DUE TO, OR AS A CON		ic Embeliza	1100					
PART 2 OTHER SIGNIFICANT	107		NOT RELATED TO THE TERMIN		DITION GIVEN I	V PART IIa			
198. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WE				
[ 윤 ]				YES NO	IN CERTIFYING	CAUSES	OF DEATH?		
210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCURRED			OR PART 2)			
OR COMPRISION CALLES OF OL									
CIFEITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION	CITY OR TOWN COUNTY STATE					
ZIE. INJURY OCCURRED  ZIE. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  STREET  CITY OR TOWN							STATE		
AT WORK AT WORK		. 0	-21 10 87	10 9-22	10	C- >	that (1) (we) last		
220.1 certify that (1) (this host saw the deceased alive a		110111	nd that in (my) (aur) apinian de	. 10					
abave, (I) (we) (did) (did n	at) view the body after death			am accorred on the do	The and moor and				
22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STAF	F.	22c. DATE S	SIGNED		
allon 4. C	livicus	n.0	PHYSICIAN [	DIRECTOR   PHYSIC		9-1	2-8-7		
22d PHYSICIAN'S MAME (TYPE	OR PRINT)		22e ADDRESS						
A119 ~ J.	Chircus A	n. D.	Balt. Coc	aty Ga	22071	Ho	230		
23a BURIAL, CREMATION, REMOVA	1 23b DATE		CEMETERY OR CREMATORY	23d LOCATION	MOUNT D	ALTO.	MDE		
(SPECIFY) BURIAL	SEPT.23,1987		SSIVE BENEFIT	RANDALLS	TOMM B	WITO.	LID		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR BALTO MD REISTERSTOWN RD

21215

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
SEP 24 1987 Julia Deviden Randaea

SEP 2 4 1987

requires that the death certificate be executed within 24 hours after death. Page

6

mat director, page 3

STATE OF MARYLAND

1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	0 7	253	U	J
PDE	STONAME FIRST		MIDDLE	ι	AST		MONTH DAY	YEAR	2b HOUR
(TYPE	SPREN	<del>秋</del> 毛 Gra	egory		Sprenkle	September !	5, 1987		3:05
3. SE)	х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		ERTYEAR	IF UNDER 24
1	Male	White	2	Oct.		39	YRS	DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY		HTA	
	Maryland	usa		WIDOWE	D DIVORCED	Baltimore			
10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) IND	KIND OF DUSTRY	F BUSINESS
atistii	ROSSVILLE	Frank	lin Squar	e Hos	pital	Construct	ion		
13a. S	STATE 136 COL		13c CITY OR TOW Essex		134 INSIDE CITY LIMITS?	130 STREET ADDRESS 1219 S.Ma	zip code arlyn Ave	. 21	221
14. FA	ATHER'S NAME FIRST Laurence	MIDDLE E	Sprenk]	Le	IS. MOTHER'S MAIDEN NA FIRST Florence	AME	Wise-Dav	is LAST	
	WAS DECEASED EVER IN U.S. A		-		17 INFORMANT	ADDR			
()	YES, NO OR UNKNOWN) (IF YES C	IVE WAR OR DATES)	214-44-3	3891	Georgina Sp	renkle 1219	S.MarlynA	ve.	21221
NC	couse (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)		Blee		MINAL DISEASE OR CON	IDITION GIVEN IN	PART 110	<u> </u>
CERTIFICATION	Mallory We	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (		
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (1F EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	216 HOW INJURY OCCUR	- 44		PART 2)	
MEDICAL	21d, INJURY OCCURRED  WHILE OF MOT WHILE OF AT WORK	(AT HOME S	E OF INJURY TREET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO		OUNTY	STAT
	220.1 certify that (X (this has sow the deceosed olive a above, (it (we) (did) (did)	Septended	hber 5 from 8			death occurred on the c	. 19	from the c	hot X (we' causes state
	Donise	90	Jusieh	V	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	AFF _	7/J	787
	Denise J	USEPH	mo		9000 Fran	klin Square	Dr. 212	237	
	BURIAL, CREMATION, REMOVA		100000		EMETERY OR CREMATORY	CITY OR TOWN	COUN	YTY	51A1
	Burial	9/8/	/87 Me	adowr	idge Cemeters	7	Baltimo	re M	arvla

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physical should be detached for use as the buring-fronts permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

24 FUNERAL DIRECTOR

ADORESS

250 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE
SEP 9 1987 Selva December 1987

ConnellyFuneral Home 300MaceAve

ZO D' SEMINI

y all an all all was unlimited.

Freezeway day

0938

151						OF MARYLAND					1
		FOR STATE REGISTRAR			CERTIF	CATE OF DEATH	H 3	REG.		5 0	
066698 SEP		BFINT) FIRST	A	Pearl	Spi	ist Ittier	1	Say T.	13,8	7	26 HOUR 9
2 4 4	3. SEX	Female	4 RACE	ite	5 DATE O	F BIRTH		AGE (IN YEARS LAST E	_	II 29	HOURS MIN.
O1 11 35	C	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIE	ED 1	Baltimore City  Baltimo	OR COUNTY		ME
1 11 33	10 C11	ndallstown		HOSPITAL, NURSIF UCH FACILITY, GIVE STREET NOTE CO.	NG HOME C	R OTHER INSTITUTIO	ON 126	USUAL OCCUPA  VPE OF WORK FOR MOST  LOUSEWIT	LOF WORKING LIFE		F BUSINESS OR
A Section of the sect	Ma		ME OR OTHER INSTITUTION OUNTY arroll	13c. CITY OR TOV		13d INSIDE CITY LIM	2	STREET ADDRESS	ZIP CODE	ve. 2	21784
1000	2	THER'S NAME FIRST William	MIDDLE	Forem		15 MOTHER'S MAID FIRST Rache	el	MIDDLE	DEGG A		stner
(1) 2		(AS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YE	ARMED FORCES? S GIVE WAR OR DATES)	1200		Stanley		16 Arth Davis, S		ille,	Id. 2178
quies that the death certification of the places remote carbons to buriol, cremation of remotery, or other traumotic eve	NO	Conditions, if ony, which gove rise to immediate couse (o), staling the underlying cause lost  PART 2 OTHER SIGNIFICA	DUE TO, (b)  DUE TO, (c)  DUE TO, (c)  DUE TO, (c)	or as a consequ	ENCE OF			AL DISEASE OR CO	NDITION GIVE	N IN PART 1:0	
10 per	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	- 41	20a AUTOPSY?		WERE FINDIN	
HYSICIAN T ding physic in certificate their of fram Mental Hyg or them 1834	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER NOTIFY MEDICAL EXAMINATION OF COURRED	MINER) HOUR /	OF INJURY A.M. MONTH D P.M. E OF INJURY	19	21c HOW INJURY (	OCCURRED	(ENTER NATURE OF IN		COUNTY	STATE
HOSPITAL OR ATTENDENG Princed by the hospital or other thole be departed for one on the his State Degit of Health and ORTANT if them 21 is manked	W	WHILE AT WORK  22a I certify that (1) (this has the deceased plivabove, (1) (we) (did (did 22b. SIGN) TURE  22d PHYSICIAN'S NAME (1)	nospital) attended a an add nost in view the bod	dy after death.	\$7.00 -J,~	d that in (my) (aur) of DEGREE  ATTENE PHYSIC  22e ADDRESS		, toth occurred on the	dote and hour	9.87	that (I) (we) lost couses stated
0 € 0 € 1 €	- 6	urial, Cremation, Remo SPECEY) Burial		23(	NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION CITY OR TOWN	Free	county lericl	state Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		arles W. B	urrier,	Jr.,Sÿk	esvil	le,Md.	25SEP	1 6 1987	AR 20 REGISTA	ARIS SIGNA	URE

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retired S Palto Hospital 21207 13e STREET ADDRESS / ZIP CODE 3403 Mayfield Avenue LAST Thomas G. Steirmetz Antioch California 9500 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 206 FES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) COUNTY and that in (my) (ass) apinion death accurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE (SPECIEVE COUNTY **B**mial 9/10/87 I amaine Park Conteny 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown Maryland 21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

DIVISI

SHOULD BE EXECUTED WITHIN 24 HOURS ORD "PENDING" IN PENCIL IN ITEM 18. G CHIEF MEDICAL EXAMINER ALONG WIT BE USED AS A BURIAL. TRANSIT PERMIT. P. TO FHEATTH AND MENTAL HYGIENE, DIVIDIAL, CREMATION, OR REMOVAL.

THE WORD "PENDING"

THE CHIEF MEDICAL

SULD BE USED AS A BUR

EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHITACH ENGINEER PAGE 3 SHOULD BE UNTIL PRESTATE DEPARTMENT OF BALTMORE, MARYLAND, 21201 PRIOR TO BURNINGE.

CERTIFICATE SHOULD DIVISION OF VITAL

CERTIFICATION

RECORDS, 201 W. PRESTON ST.

## STATE OF MARYLAND

DEPARTMENT OF	LEALIN WIND WE	MIALHIGIENE
MEDICAL EXAMIN	IER'S CERTIFIC	ATE OF DEATH

	Del VIII O	1 110761117110 1111		***		
R	MEDICAL EXAM	INER'S CERTIFIC	CATE OF DEA	ATH & NS 3	103	
AME FIRST	MIDDLE	STEPHEN	vs	20. DATE KNOWN MONTH OF ESTI- DEATH MATED	DAY YEAR	26. HOUR
T. RACE	5. DATE OF BIRTH NONTH DAY YEAR LAST IN DEC. 5. F13551	THDAY) MONTHS DAYS  YRS.	IF UNDER 24 HRS. Hours Min.	PRONOUNCED SPT	16 1982	HOUR M
(STATE OR TRY)	U. S. A.	8. MARRIED, NET	VER MARRIED	BALTIMOR	S LOUR	TYMD
WN OF DEATH	11. NAME OF HOSPITAL, NURSING HO			MOST OF WORKING LIFE)	OR INDUSTR	

AND DEATH

STATE

	130 STATE 136 COUNTY	PARKVILLS	13d. INSIDE CITY LIMITS? 13e. STREE	TADDRESS KINGS	Rious Roa
	14. FATHER'S NAME FIRST  ARION  WIDDLE  LD-	STEPHENS	15. MOTHER'S MAIDEN NAME	MIDDLE	MARTIN
٦	160 WAS DECEASED EVER IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	

No	216322173	FAMILY KE	CORDS	
18 CAUSE OF DEATH (Enter only ane cause per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	91 GITROLYTY	IMBAZANC	٤	APPROXIMATE INTERVAL SETWEEN ONSET AND DEA
	OR AS A CONSEQUENCE OF		100.	

DUMITHE MAD DIARK HEB Canditions, if any, which gave rise to immediate (b) cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In

The second of th		
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
M-78.50 - 3		YES []

216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL

CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY

NOT WHILE AT WORK AT WORK 22a. I certify that Leak charge of the cemains described above, held an Autopsy Inspection and in my apinian

Undetermined manner death resulted from ACTUAL

SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23c, NAME OF 23d LOCATION 23¢ BURIAL, CREMATION, REMOVAL 236 DATE

24. FUNERAL DIRECTOR 25e. DATE REC'D.

NAME

BP. **DHMH - 17** 

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND	1
DEPARTMENT OF HEALTH AND MENTAL	HYGIE
CEDTIEIC ATE OF DEATH	

	- 1		-		STATE	OF MARYLAND				
066539 SE	P 2k	187 FOR		DEP		EALTH AND MENTA				
	7	REGISTRAN			CERTIF	ICATE OF DEATH	1 2	/ REG. NO	5 0	0 4 .
		DECEASED NAME FIRST	1	MIDDLE	1.	AST	Za DA	ATE OF DEATH MONTH	DAY Y	YEAR 26 HOUR
7 75		James		F	STEVEN	SON	Se	eptember 18	. 1987	12:408
6 6 4	1	5EX	4. RACE		S. DATE C			(IN YEARS LAST BIRTHDAY)	IF UNDER	TYEAR IF UNDER 24 HRS
4 4 4		MALE	BLACK	(	10	19 0			'RS	
4 50 d	267	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		TRY? 8	NEVER MARRIE	D 9 BAI	TIMORE CITY OR COL	JNTY OF DEA	TH
	1	MD	U.S.		WIDOWE	DIVORCE	DO	Baltimore C	ounty	MC
2 11 3	10	CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	R OTHER INSTITUTIO	IZa U	SUAL OCCUPATION OF WORK FOR MOST OF WORK	ING LIFE) INDU	CIND OF BUSINESS OR JSTRY
20 1 1 N	1	JOPPA /			JARE HOS	PITAL		N/A		N/A
12 0 PP 4	24	SUAL RESIDENCE (IF NURSING MILL OF		13c CITY OR	TOWN	13d. INSIDE CITY LIM	NITS? 13e ST	REET ADDRESS / ZIP	CODE	01005
A 5 11C	4	MD PAC	reord	JUPPA	1	YES NO K		PULASKI F	ILGHWAY	21085
李 李 清	nx	TATHER'S NAME	MIDDLE	CTEA	FNCON	15. MOTHER'S MAID		MIDDLE		LAST DAAC
3 1 1/1	-4	JOHN	WED FORCESS		ENSON SECURITY NO.	AMANDA 17 INFORMANT	<del>/</del>	ADDRESS	W	ILLIAMS
ORI Donald	1	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	THE PARTY	)-6449		CTEVENC	ON 415 PILA	דע דעס	CHMV A
A 30 1/2 5	1			<u> </u>		TIENUS AN 3	DIE LE CO	N AI PIL		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
As house		18 CAUSE OF DEATH (Enter of PART! DEATH WAS CAUSE	D BY:				1535		BE.	WEEN ONSET AND DEATH
TS X		IMMEDIA	TE CAUSE (o)			ratory Arr	est			
STOR Standards		Conditions, if ony, which	1		EQUENCE OF					
4 4 40 4 4		gave rise to immediate cause (a), stating the	(p)		monia EQUENCE OF					
W. Mary		underlying cause last.	(6)		ble Asp	iration				
20 at the state of		PART 2 OTHER SIGNIFICANT	CONDITIONS CO				IE TERMINAL D	ISEASE OR CONDITION	V GIVEN IN P	ART 110
ROS et al.		Renal Insuf	ficiency	. Chro	nic Aner	nia. Parki	nsonism	1		
RECORDS  fow requi	1	19a DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	WAS PERFORMED	20a	AUTOPSY? 1206		FINDINGS USED AUSES OF DEATH?
- + F 2 R F B		210 ACCIDENT WAS UNDERLYING		ALC:				S NO VY	YES 🗌	ИО 🗌
DIVISION OF VITA  NG Persican. The oriented physical or the burild-noise for the dividence or the confecus by the code of the mile ships or the dividence or the code of the code or the code of the c	100	OR COMPRESSED TO CAUSE OF DE		FINJURY M. MONTH	DAY YEAR	21c HOW INJURY C	OCCURRED (E	NTER NATURE OF INJURY IN ITE	M IS PART I OR P	ART 2)
N OS CONTRACTOR OF THE PROPERTY OF THE PROPERT	7	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.		19					
OIS THE PERSON OF THE PERSON O		21d INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE LAT HOME ST	OF INJURY REET, FACTORY, O	FFICE FARM, ETC	211 LOCATION STREET		CITY OR TOWN	COU	NTY STATE
DIV ON OTHER	19	AT WORK AT WORK				1 6	07	0 1 1	1000	
NI OTHER	5. 1	27a I certify that (I) (this hasp	Senter	her 18	19-87- or	ed that in (mX (aur) a	pinian death of	September	1819 87	om the causes stated
A PACE OF THE CONTRACT OF THE	159	27h SiGNAT WE XX	view the body	atter death.		DEGREE				DATE SIGNED
0 . 0 0 0		1/10000	OVW	D		ATTEND PHYSIC	DING MEI	CTOR PHYSICIAN	4	9/18/87
PITA by Broth Anti-da	7	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS	LIAIN DIKE	CIOK   FILISICIALY		
HOSPIT bened by cold be- m the St	11	Michael Leon	nidov, M	.D.		9000 Fr	anklin	Square Dr.	Balto	. ,MD. 2123
54 547 8	7	30 BURIAL, CREMATION, REMOVAL	236. DATE		23t NAME OF C	EMETERY OR CREMA		LOCATION		
BP		BURIAL		3/87	EBENE7F	R BAPT. CH	HURCH .	JOPPA.	COUNTY	y STATE MD
DHMH - 16 50M 4/8	2	4 FUNERAL DIRECTOR	-,-,-			2	So DATE REC'	D. BY REGISTRAR 256 R	GISTRAR'S S	IGNATURE
(VRA 15, 4)		WM. C. MARCH F/H	, INC.	1101	. NORTH	AVENUE	SEP 2	12 1987	(Md/s)	mandelle

STATE OF MARYLAND

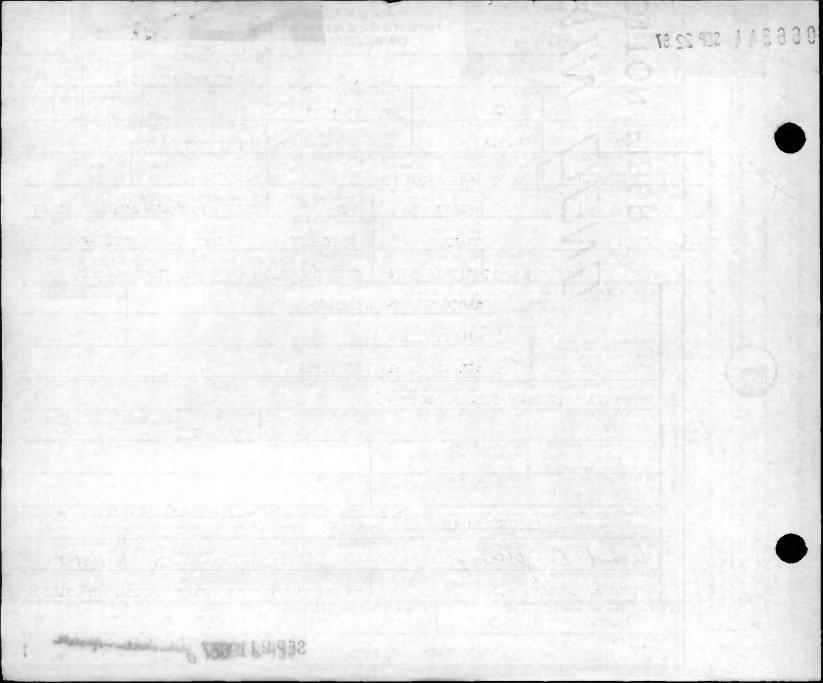
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	*********	Line titletti Lie	
CERTI	FICATE	OF DEATH	

2		FOR PSTATE REGISTRAR XC 0844			EALTH AND MENTAL HYG	REG. NO.	5 3 0	40
		CEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
Н	line	EARL	NMN	STI	EWART	SEPTEMBER 18	8, 1987	1:45 ^A M
7	3. SEX	(	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS
	M	ALE	BLACK		7, 1923	64	YRS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
2	M	IARYLAND	U.S.A.	WIDOWE	D DIVORCED	BALTIMORE CO	OUNTY	MD.
111	1	ORT HOWARD	)1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G) VA MEDICAL	IVE STREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		BUSINESS OR
5	13a S MA	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUR RYLAND	NTY 13c. CITY (	CE BEFORE ADMISSION) OR TOWN CIMORE	YES 📉 NO 🗌	13e.STREET ADDRESS / ZIR 2519 EDMONDS		21223
0		THER'S NAME		LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST	
4	The same of	ARREN	GRAHA	AL SECURITY NO.	MARGARET	JANE	STEWAR	
2			E WAR OR DATES)	16 3074	Crinical REC	wart 2519 CORDS, VAMC, 1	Edmondson A FORT HOWARD	, MD
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)		PULMONARY	ARREST		APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
		Canditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF UTRITION				
		gave rise to immediate couse Ia), stating the underlying cause last	DUE TO, OR AS A CO BILAT		DECUBITUS			
	z	PART 2 OTHER SIGNIFICANT OF			NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PART 110	
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR		N WAS PERFORMED		6. IF YES, WERE FINDING I CERTIFYING CAUSES O	
1	CAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		ITH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN		
	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (Mithis haspi saw the deceased alive an above, (Mwe) (did) (CNIX	SEPTEMBER 18	19 <u>87</u> or	EMBER 9 , 19 87 and that in $(X_y)$ (aur) opinion (		and hour and from the co	
	107	Word B	Jourse		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE S 09/18	
		220 PHYSICIAN'S NAME (TYPE	/		22e ADDRESS	December 1		
		MOHD B. YOUS	AF, M.D.		VA MEDICAL (	CENTER, FORT	HOWARD, MD	21052
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	9/21/87		EMETERY OR CREMATORY on Forest Vet	23d LOCATION NOTIFIED N	Mills COUNTY	STATMD

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H West 4300 Wabash Avenue



87	WEDICAL CERTIFICATION  3. SED.  10 CI TO STORY  10 CI TO STORY  14 EAR OF THE STORY  14 EAR OF THE STORY  15 OF THE STORY  16 OF THE STORY  17 OF THE STORY  18	23a 8
30	57 SC/19 27	
SEP	with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or remport.  IMPORTANT: If them 21 is morked or Nem-18 shows any injury, or other traumatic event, the medical examiner must be notified at order.	
3	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpages, Pages I and 2 should be filed withing 2 hours after death	
3	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that death certificate be executed within 24, hours after death. Page 4 may be retained by the hospital or attending physician.	
71	15	
6	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
0		

			150
	FOR	WILLIAM	CHARLES
7	STATE	MITHITALL	CHIMILIO
	011110	TATE COLLINA	D.FB

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

97	25	7 4	6
REG. NO.	الري	30	K

		CEASED NAME	Willia	m C.	STEWA	RT	De.	September 25, 1987 YEAR 25 40a
	3. SE	X MALE		RACE WHITE	5. DATE C		1*9*12,	6. AGE (IN HID CAST BRONDAL) CUBERT CLEAR PROCESS HER
ot out	·	RTHPLACE (STATE OF	D	USA	MARRIE	TT Basel	RCED	Baltimore County Baltimore County
notified	RC	DSSVILLE		FRANKLIN	SUPPLY I			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MACHINIST  12b. KIND OF BUSINESS OR INDUSTRY WEST. ELECT
of sources be	130 5	TO	136 COUNTY BALT	13c. CIT	OENCE BEFORE ADMISSION) Y OR TOWN IDDLE RI			13e STREET ADDRESS / ZIP CODE 47 RIGHTWING DR 21220
) (expulse	CE	RYCYRUS WAS DECEASED EV	M C		WART CIÂL SECURITY NO.	15. MOTHER'S MARIERS ELIZA	7	MIODIE IAST
ne medic		YES, NO OR UNKNOWN	(IF YES, GIVE W	ar or oates) 21	3013412	A SHOW THE	M.M.	STEWART 9529 RIDGELY AVE
atic event, 1		PART I. DEATH	TH (Enter only of WAS CAUSED B IMMEDIATE (	AUSE (a) Ca	rdiopulmon	ary Arres	t	APPROXIMATE INTERVAL BETIWEEN ONISET AND DEATH
or other traumo	E.S.	Conditions, if one gave rise to in cause (o), stat underlying caus	nmediate ing the	(b) Br	CONSEQUENCE OF	nfarct		
injury, o	NOIL				10			INAL DISEASE OR CONDITION GIVEN IN PART 110.
2	CERTIFICATION	19a DATE OF OPER			OR WHICH OPERATIO	E North		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
hem 18 s	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF OEATH	P.M.	ONTH DAY YEAR		RY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
orked or	MED	21d. INJURY OCCUI	VHIIE .	1.63	ORY, OFFICE, FARM, ETC.)	ember 14	87	September 25 87
m 21 is m		saw the decea above, (I) (we)	sed alive on	September iew the body ofter de	2519 87 . or	nd that in (my) (ou	r) opinion	death accurred on the date and hour and from the causes stated
NY # TE		22b. SIGNATURE	Paul	Hagon.	R		NDING SICIAN	MEDICAL DATE SIGNED  DIRECTOR PHYSICIAN LI
MPORTANI			P	AUL H	HGAN JV	9000 Fi		in Square Dr. Balto, MD 21237
		BURIAL, CREMATION (SPECIFY) BURTAL	I, REMOVAL	9/28/87		ANTSLAU	S	23d LOCATION CITYORTOWN COUNTY STATE  BALTO  —— MD
M 7/84 4)	(F	UNERAL DIRECTOR	Fruit N		AODRESS CLEEN F	he	250. DAT	EP 2 9 1987 REGISTRARY 256 REGISTRARY SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

C7105 007	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 25309 CERTIFICATE OF DEATH 77 REG. NO.
6 / 4 9 5 UCI -	ASED NAME  FIRST  MARGURITE  F. ST  LAST  FEMALE  FROM  FROM
death Foge	BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOT BALTIMORE CITY OF COUNTY OF DEATH  II. S. A. WIDOWED DIVORCED BALTIMORE COUNTY OF DEATH  10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 1126 USUAL OCCUPATION 1126 KIND OF BUSINESS O
ND 21201	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  131 COUNTY  132 CITY OR TOWN  134 INSIDE CITY LIMITS?  YES TX  NO 0  136 STREET ADDRESS / ZIP CODE Balto., Md.  20 N. Ellamont St. #2122
RE MARYLA	AMODE STOCKTON MAY E. MIDDLE LAST STOCKTON MAY E. MCEVOY  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 264
T., BALTIMO	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  12-01-3527 Mrs. Clarice I. Johnson-Beach, H1a 320  18 CAUSE OF DEATH (Enter only one couse per (Inproprio), (by proprio)  PART I. DEATH WAS CAUSED BY  (MMEDIATE CAUSE (o))
of W. PRESTON S that the death cer to by the attending tense remove corbo init, cremotion, or it or other traumatics	Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS ACONSEQUENCE OF Quality to full to be couse (b).  DUE TO, OR AS ACONSEQUENCE OF Quality to full to be couse (b).  DUE TO, OR AS ACONSEQUENCE OF Quality to full to be coused to be considered to the couse of t
AL RECORDS, 2 has low required has been signed to permit. Then p ene prior to bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINIAL DISE OF GONDITION GIVEN IN PART 1 OF DEFRATION WAS PERFORMED  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY  216. HOW INJURY OCCURRED (ENT) WHICH OPERAT 1 OR PART 2)
SION OF VITA andring physics this certificate the burnol from the humble of documents to	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
L OR ATTENDING TO DRECTOR After Eached for one or if in Description or or or if in Description or or or if in Description or	22a. I certify that (I) (this hospital) attended the deceased from 19 and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (I) (we) Idid (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF
TO HOSPITA retained by TO FUNERA hould be de in the Stoti	224. PHYSICIAN'S NAME IN GOTHIN 222. ADDRESS  230. BURIAL, CREMATION, ILMOVAL 222. DAY  231. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Burial 9-28-87 Woodlawn Cemetery Woodlawn Balto Md.  HUNERAL DIRECTOR G. Truman Schwab 5151 Beetto. Nat'l. Pike 000 By REGISTRAFT BY REGISTRAF

STATE OF MARYLAND

and the state of t

ATTENDING

BP

DHMH - 16 60M 7/8 (VRA 15, 4)

## FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

87, NO	S	5	3	1	C
REG. NO					

40		KEGISTRAK					TOTAL OF PERSON		REO. NO			
T _E	CT.	CEASED NAME	FIRST	77	MIDDLE	- 1	AST	2	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1 -2	01.	OR PRINT)	TOS	SEPH	VINCENT		STONE		Septembe	m 30	. 1987	
	3. SE	<	00,	4. RACE	ATMODMI	5 DATE O		6	AGE LIN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
м						MONTE	DAY YEAR	2	3 /	9 5	MONIHS DATS	HOURS MIN
		Tale		Whit			ust 9,1943	-		YR	100000000000000000000000000000000000000	
7)	/a. Bi	RTHPLACE (STATE OF	R FOREIGN	76 CITIZEN OF	F WHAT COUNTRY	MARRIE	NEVER MARRIED	'	BALTIMORE CITY O	COUNTY	OFDEATH	
/		labama		U.S	.A.	WIDOWE		4000	Baltimore	Cou		M
1	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURS		OR OTHER INSTITUTION		20. USUAL OCCUPATION			OF BUSINESS O
	1	Parkville			Richmond				Jewelrv	TORKE TO SE		sman
35	USU	AL RESIDENCE (IF NUI	SING HOME OR	OTHER INSTITUTION	N. GIVE RESIDENCE BEFO	ORE ADMISSION)		I		710 0000		- San Gara
5		TATE	136 COUN		13c CITY OR TO		130. INSIDE CITY LIMIT		3e STREET ADDRESS /			01074
~	_	Iaryland THER'S NAME	Dar C	imore	Parkvi	тте	15 MOTHER'S MAIDEN	0	8618 Ricl	111(0)1(0)	Ave.	21234
27		FIRST		MIDDLE	LAST		FIRST		MIDDLE		LA	
W		Billy			Stone		Nannet	tte			Milleso	n
1		VAS DECEASED EVE		MED FORCES? E WAR OR DATES!	166 SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRE	SS		
1	1 2	Го			220-40-	9022	Mrs. Mar	rv A.	. Stone Sa	ame a	s_#13e	
1		18 CAUSE OF DEA	TH (Enter an	ly ane cause pe				-			APPRO. BETWEEN	MATE INTERVAL
		PART I. DEATH	WAS CAUSE	D BY:	META5		6457R	15/5	CANCP	B		1/A 40013
			IMMEDIAI	E CAUSE (a)	3.0114	11.4	0:43-113	, ,	1	1 -		NA Je
				DUE TO, O	OR AS A CONSEQ	UENCE OF						
	- 1	Canditians, if an		( b)_								300
	14.19	gave rise to in cause (a), stat		DUETO	OR AS A CONSEQ	HENICE OF					1500	
		underlying caus		DUE TO, C	DR AS A CONSEQ	UENCE OF						
		PART 2 OTHER SIC	NIEIC ANT C	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TEDANINI	IAL DISEASE OR CONF	UTION GIV	/ENINI DADT 1	
	Z	TAKE 2. OTTEK SIC	A THE CAPTURE	20110110110	LOTATION TO TO	DEATH	NOT KEEPIED TO THE	LICIONIA	AL DISEASE ON CONT	7111011 011	EIN HAT BRITT	0
-	CERTIFICATION	190 DATE OF OPER	ATION	19h CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	120h 1F YES	S, WERE FIND.	NGS LISED
7	J.F.	THE DATE OF CITE		170 COTT	Dillory on mile	0. 2	TO TENTONINED		31 11 11 11 11	IN CERTIF	YING CAUSE	S OF DEATH?
	E						10		YES NO		S	NO [
0		OR CONTRIBUTING	-	110110	OF INJURY A.M. MONTH	DAY YEAR	ZIC HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IB	PART   OR PART 2)	
7	S	(IF EITHER NOTIFY MEI			P.M.	19						
1	MEDICAL	21d INJURY OCCU	RRED		E OF INJURY		211 LOCATION		CITY OR TO	MN	COUNTY	STATE
	Σ	WHILE NOT V	ORK	(ATHOME S	TREET, FACTORY, OFFICE	E. FARM ETC )	SINCE		(			
		220.1 certify that (		of asserted	the destroy from	10	u 10 (	317	- 50pt.	29	10 877	that (I) (we) las
		saw the decea		Jent	3 D 10		nd that in (my) (aur) api		ath accurred on the da	to and have	and tram the	
		abave, (1) (wer	(did) (did n		y after a upth			onnan de	on decorred on the do	Te and not		
		226. SIGNATURE	11	10-	20.		DEGREE	4/6-1		M -	22t. DATI	SIGNED
		9,	W	17/11	(MV2)		ATTENDIN PHYSICIA		MEDICAL STAF		100	187
1		22d. PHYSICIANS	AME ITYPE O	PRINT)			22e ADDRESS	-/-			1	18
1		Eri	e Rowi	nsky, I	VI.D.		John H	Honk	ins Hospita	al		
1	0.2					= -						
	23a E	URIAL, CREMATION		23b DATE	,		EMETERY OR CREMATO	ORY	23d LOCATION		COUNTY	STATE
		Bur	ial	10/2	2/87	Dulane	y Valley		Baltim	ore	Maryla	id
7/84	24 FL	INERAL DIRECTOR			ADDRESS		25e	- DATE P	REC'D. BY REGISTRAR	Sh. SPECIFI	WAR S STONA	D. Jane
			T Dua	le Tno	Pol tim	iono M	aryland	TOT	*2 1007	Culia	SHOULD BE	-Renderes
		Leonard 3	. Ruc.	he Lille	DOLL ULLI	TOTE . IN	CT ATOTIC	A SALA S		44		

167583 001-587 

PROCESS OF THE STATE OF THE STA

	FOR
-	STATE
	DECICEDAD

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25311

R	EGISTRAR		CERTI	TEATE OF BEATH	REG. N			
OEOF	ASED NAME FIRST JOSE	phine	S	trycharz	September			26 HOUR
							TJO /	
3 SEX		4 RACE	5. DATE (		6 AGE TIN YEARS LAST BIR	2	WIND WAYS	HOURS M
		Caucasian	Dec.	. 30, 1926_	60	YRS		
7a. BIRTH	HPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	1
	lto., Md.	U.S.A.	WIDOW	ED DIVORCED		Count	У	
Bal	or town of DEATH	11. NAME OF HOSPITAL, NURSI (JENOT IN SUCH FACILITY, GIVE STREE 7025 Gough			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O NOMEMAK	OF WORKING LIFE)		BUSINESS
13a. STA <b>M</b>	id.   Ba]	OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 134. CITY OR TOV		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS . 7025 Gou	zip code	reet,	2122
	ER'S NAME hn	Varallo Varallo		15 MOTHER'S MAIDEN NA. Mary	WE	Gra	ande "AS	ST.
				Geraldine I	Rolfes, 57	Ess Esse Yew	x,Md. Road	2122
18	CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), a					BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (0) Metas To	tes	Lun Conce	R		2 141	3
		DUE TO, OR AS A CONSEQU						
NOI	ART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO			1200 AUTOPSY?		N IN PART 1:	
IFIC.	a DATE OF GREATION	The Condition for write	TOPERATIO	WAS FERI ORMED	YES TO NOD		ING CAUSES	
	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR				
WED 21	WHILE NOT WHILE TWORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
22	2a. I certify that (1) (this hospi	ital) attended the deceased from		. 1975	, to	7 .1	9.87	that (I)(we)
	sow the deceased alive on above well well and third no	at) view the body after death	7	nd that in (our) opinion	death accurred on the d	ate and hour	and from the	couses stated
22	26. SIGNATURE	O Burt	100	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	9/2	SIGNO
22	ACHO R	BURTON M	> V**	120 0 EAS + 8	an Aur	Baltin	nne?	11229
	RIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
Bu	rial	9/30/87	New C	athedral Ce		ore,	Maryl	and
	ERAL DIRECTOR		212	224 25a. DAT	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	ME dass
Jos	eph N. Zann	ino, 263 SODRESS	Conkl	ing St.   SF	P 3 0 1987	Juna 6	Condon.	

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

73 1- 70 2 2 2 3 3 0

7.2 

the Mile W. . His de politices va fas anima. . Muigean

#### THE OF MEAN LAND

27			0.11
REG. NO.	25	3	1:
S DE ATH HOUSE	DAY	WC 4.D	101

SED I	0.0	FOR STATE PEGISTRAR				CATE OF DEATH	ENE REG. N	253	12
OLI I		ASED NAME FIRST	IE N	1.	STU	IART	20 DATE OF DEATH	PT. 12,198	2b HOUR
	3. SEX	EMALE	WHITE	E	5. DATE OF	ECH. 26, 1903	6 AGE (IN YEARS LAST BIR	YRS D VA	YS HOURS MI
31	MA	RTHPLACE (SENTE OR FOREIGN	16. CITIZEN OF WHA		WIDOWE		BALTINO BALTIN	OPE CO	
玄	70	TY OR TOWN OF DEATH	SHENDEIN SUCHEAR	SEPH	DRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST	ON 126 KINI	D OF BUSINESS (
35	138/	AL RESIDENCE (IF NURSING HOME OR DITATED AND 13 SOUN		CITY OF TOWN	ORE	13d. INSIDE CITY LIMITS? YES NO P	13 STREET ADDRESS	ZIPCODE AIZK	C112
30		WALTER	MIDDLE HE	PARN		15 MOTHER'S MAIDEN NAM	MIDDLE		VEAL
e medico		VAS DECEASED EVER IN U.S. AR YES, NO OR UNINOWN) (IF YES, GIV	MED FORCES? 166.	12-32-	1006	17 INFORMANT FAM	ILY RE	CORDS	ROXIMATE INTERVAL EN ONSET AND DEAT
ther tras		Conditions, if any, which gave rise to immediate couse (a), stating the	(b) DUE TO, OR AS	A CONSEQUEN	ICE OF	AUDI DE LA COMPANIA			
ury, ar a	Z	underlying couse last.  PART 2 OTHER SIGNIFICANT (	(c)	RIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN IN PART	Tio
Design injury, or o	THEATION					NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART  20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
hem 18 shows aggy injury, or o	AL CERTIFICAT	PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	196 CONDITION  216. TIME OF INJ. HOUR A.M. P.M.	JURY MONTH DAY	PERATION	N WAS PERFORMED	200 AUTOPSY2 YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [	DINGS USED SES OF DEATH? NO
corked or Nem 18 shows aggrinjury, and	CERTIFICAT	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	216. TIME OF IN. HOUR A.M. P.M. 216. PLACE OF IN. (AT HOME, STREET, F.	JURY MONTH DAY JURY ACTORY, OFFICE, FAR	YEAR	I WAS PERFORMED	200 AUTOPSY2 YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES TY IN ITEM IB PART LORPART	DINGS USED SES OF DEATH? NO
. If hem 21 is marked on hem 18 shows appy injury, and	AL CERTIFICAT	PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE  NOT WHILE	21b. TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IN. (AT HOME, STREET, F.) (fol) attended the dec.	JURY MONTH DAY  JURY ACTORY, OFFICE, FAR  ceosed from death.	YEAR 19 m.etc)	211 LOCATION STREET  19 d that in (my) (aur) apinion d	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  eoth accurred on the do	20b. IF YES, WERE FININ CERTIFYING CAUS YES  TY IN JIEM IB PART I OR PART WN COUNTY  THE AND HOLD THE AND HOL	DINGS USED SES OF DEATH? NO   STATE
PORTANT: If them 21 is marked or them 18 shows gay injury, or or	AL CERTIFICAT	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER SIGNIFICANT OF THE PART OF THE PA	21b. TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IN IAT HOME, STREET, F. Ital) attended the deal	JURY MONTH DAY  JURY ACTORY, OFFICE, FAR  ceosed from death.	YEAR 19 m.etc)	211 LOCATION STREET  19 d that in (my) (aur) apinion d	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  eoth accurred on the do	20b. IF YES, WERE FININ CERTIFYING CAUS YES  TY IN JIEM IB PART I OR PART WN COUNTY  THE AND HOLD THE AND HOL	DINGS USED SES OF DEATH? NO   STATE  , that (I) (we) lithe couses stated

DHMH - 16 60M 7/8 (VRA 15, 4)

TO HOSPITAL OR ATTEN rationed by the hospitol

						STAT	E OF MARYLAND	1 7	12.	
167	547	OCT -	9 8	FOR TATE		DEPARTMENT OF	TEALTH AND MENTAL HYG	IENE 7 Z	5 3/3	
			0	REOISTRAR				REG. N	O.	
	. e t			CEASED NAME . FIELD	Re d	STUDE	Tudep	2a. DATE OF DEATH	9-29-87	26 HOUR 0 35
	pod w		1.56	4 0	4 RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
	000			Temal	whi	102	10 18	69	YRS.	
	E PR	67	10.11	PUMIRTI		MARRI	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
		81	10. C	OW JURSEL	USA	1110011	DIVORCED DIVORCED	12ª USUAL OCCUPAT	ION 126. KIND O	OF SUSINESS OR
2	by the	70	-	TOWSON	MANO	R CARE	RUXTON	Housewi	te INDUSTRY	
ND 21	24 Peu	1	130. S MC		OUNTY 13c.	RESIDENCE BEFORE ADMISSIONS CITY OR TOWN  Baltimore	113d. INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE 212 erior Aven	
ILA :	shy a	9		THER'S NAME		Darcimoro	15. MOTHER'S MAIDEN NA		CI IOI IIV CII	<u> </u>
BALTIMORE, MARY	Dad Park	30		ancis Atte	rbüry	LAST	Agnes We	rthein	LA	ST
ORE,	and co	medicol			ES COVE WAR OR DATES	SOCIAL SECURITY NO.	17 INFORMANT	ADDRI		
I W	2 5	E	no		μ5	8-03-8772	Barbara A	. Craft	same addre	SS
201 W. PRESTON ST	s that the death cert ed by the attending please remove carbon	ial, cremation, or re or other troumatic e		Canditians, if any, whice gave rise to immediate cause (a), stating the underlying cause las	h (b)	A CONSEQUENCE OF		8 /	6 7	ers,
RDS, 2	60	to bur	ZO		no mia.	A The	NOT RELATED TO THE TERM		DITION GIVEN IN PART 11	a ·
DIVISION OF VITAL RECORDS,	on. has been t permit.	ows ony	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDE IN CERTIFYING CAUSES YES	
OF VIT	of CIAN: 1 19 physical certificate riol-transi	lem 18 shows		21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( OF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A.M.	JURY MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
NOISI	bus die	2 5	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF IN		211 LOCATION STREET	CITY OF TO	OWN COUNTY	STATE
>Ia	After of a so t	marked	100	AT WORK AT WORK		7-	)	a-	79 87	
7	TOR:	of Hec 21 is r		saw the deceased almost above (1) (we) (did) (d		1 19 07 0	nd that in (my) (aur) apinian	death accurred an the d	0 /	that (I) (we) last causes stated
	AL DIRECTI	T: If Item		TE SIGNATURE	Buled	in	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		30-87
	etained by the TO FUNERAL should be deta	with the Sto		A.H. GH	TYPE OR PRINT)	UD.	7600 OSZ	ER Dr.	Towson.	21204
,	5 5 5 %	3 < 1	23a 8	URIAL, CREMATION, REMO	OVAL 236. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BP			Cremation	9-30-87		ity Process	Balto	., Md.	27772
D	HMH - 16 6 (VRA 15		24 FU	Schimunek	Funeral Ho	MegaressInc.	001	E REC'D. BY REGISTRAR  1 2 1987	256. REGISTRAR'S SIGNA	

⊫

4 SEP 11	1. DE	REGISTRAR CEASED NAME FIRST	м	NIDDLE	LAST	2a.	DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
poge 3	(TYP	John John		R.	Sullens II	TT .	SEptember 1	5 1087	6:30 Pm
od a	3. SE		4. RACE		5. DATE OF BIRTH	6. A	GE (IN YEARS LAST BIRTHDAY	F UNDER I YE	
soft		MAle	White		10-9-1933	YEAR	53	YRS MONTHS DA	YS HOURS MIN.
Port To	7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED NEVER MARI	9 8	ALTIMORE CITY OR CO		
72		ltimore, MD	USA		WIDOWED DIVOR		Baltimore	County	MD
-	10 0	ITY OR TOWN OF DEATH		OSPITAL, NURSIN	G HOME OR OTHER INSTITUT		USUAL OCCUPATION	126. KIN	D OF BUSINESS OR
Per de	100000	altimore	7909	34th Str	eet		elevision	ch Se	If Employe
ould be	13a.			GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Baltimo:	N 134 INSIDE CITY L	LIMITS? 13e	STREET ADDRESS / ZIP 7909 34th S		21237
3 sh	14. F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MA		WIDDLE		LAST
Page 1	1	John	R.	Sullens	Jr. Ann		MIDDLE	Blas	
ico i		WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU			ADDRESS		
pers. Poges ol. , the medical		es Kor		213-30-5	124 Mary Caro	1 Sulle	ens, 7909_34	4th St.,	Balto.
the the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per	ling for (o), (b), on			yland 21237		ROXIMATE INTERVAL
mov			USED BY. DIATE CAUSE (0)	Yancrea?	he concer.	livern		av.	2-months
orbo or re		IMME	DIATE CAUSE (U)			DAY - V		_	
on, o		Conditions if any which		R AS A CONSEQUE	NCE OF			- 7	
move co notion, o troumol		Conditions, if ony, which	h (b)						
se remove co cremotion, o other troumot			b (b)	R AS A CONSEQUE		n dia			
ose remove c I, cremotion, other troum		gove rise to immediate cause (a), stating the underlying cause lost	h (b) DUE TO, OR	R AS A CONSEQUE	NCE OF	THE TERMINA	A DISTANCE OF CONTRACT		
o buriol, cremotion, o	No	gove rise to immediate cause (a), stating the underlying cause lost	h (b) DUE TO, OR	R AS A CONSEQUE		THE TERMINA	l disease or conditic	ON GIVEN IN PAR	( lio
it. Then please remove corto burial, cremation, violury, or other trauming	ATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	the (b) DUE TO, OR	R AS A CONSEQUE	DEATH BUT NOT RELATED TO	1.0			
permit. Then please remove co ne prior to burio!, cremotion, o ws ony injury, or other troumo!	FICATION	gove rise to immediate cause (a), stating the underlying cause lost	the (b) DUE TO, OR	R AS A CONSEQUE	NCE OF	ED	20a AUTOPSY? 20b	b. IF YES, WERE FIN CERTIFYING CAU	IDINGS USED SES OF DEATH?
2 e ë	ERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, OR  (c)  (c)  (r)  196 CONDI	R AS A CONSEQUE	DEATH BUT NOT RELATED TO	ED	200 AUTOPSY?   20b	b. IF YES, WERE FIN CERTIFYING CAU YES []	IDINGS USED SES OF DEATH?
onsi permit. Then please remove c. Hygiene prior to buriol, cremotion, 8 shows ony injury, or other troum	L CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, OR  (c)  NT CONDITIONS CO	R AS A CONSEQUE	DEATH BUT NOT RELATED TO OPERATION WAS PERFORME	ED	20a AUTOPSY? 20b	b. IF YES, WERE FIN CERTIFYING CAU YES []	IDINGS USED SES OF DEATH?
uriol-tronsit per tentol Hygiene Hern 18 shows	70.1	gove rise to immediate couse 101, stofting the underlying couse lost PART 2 OTHER SIGNIFICA.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAMINED CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTION CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTION CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OR CONTRIBU	DUE TO, OR  (c)  19b. CONDI  19b. CONDI  19b. TIME OI  HOUR A.I.  MINER)  P.I.	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH  FINJURY  M. MONTH DA	DEATH BUT NOT RELATED TO OPERATION WAS PERFORME AY YEAR 19	ED	200 AUTOPSY?   20b	b. IF YES, WERE FIN CERTIFYING CAU YES []	IDINGS USED SES OF DEATH?
buriol-tronsit per I Mentol Hygiene or Hem 18 shows	70.1	gove rise to immediate couse 101, stating the underlying couse lost part 2 Other Signification of the underlying couse lost part 2 Other Signification of the underlying of th	DUE TO, OR  (c)  19b. CONDI  19b. CONDI  19b. CONDI  HOUR A.I  P.I  21e. PLACES  (AT MOME SER	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH  FINJURY  M. MONTH DA	OPERATION WAS PERFORME  AY YEAR  19  216 HOW INJURY  216 LOCATION	ED	200 AUTOPSY?   20b	b. IF YES, WERE FIN CERTIFYING CAU YES []	IDINGS USED SES OF DEATH? NO []
uriol-tronsit per entol Hygiene them 18 shows	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stofting the underlying couse lost PART 2 OTHER SIGNIFICA.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAMINED CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTION CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTION CAUSE OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OR CONTRIBU	DUE TO, OR  (c)  19b. CONDI  19b. CONDI  19b. CONDI  HOUR A.I  P.I  21e. PLACES  (AT MOME SER	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY	OPERATION WAS PERFORME  AY YEAR  19  216 HOW INJURY  216 LOCATION	ED	200 AUTOPSY? 20b IN YES NO (ENTER NATURE OF INJURY IN I	b. IF YES, WERE FIN CERTIFYING CAU YES ITEM 18 PART I ORPART	IDINGS USED SES OF DEATH? NO []
buriol-tronsit per I Mentol Hygiene or Item 18 shows	70.1	gove rise to immediate couse (a), stating the underlying couse lost part 2 OTHER SIGNIFICAL 190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CURRED CAUSE OF CHE EITHER NOTIFY MEDICAL EXAMINATION OF COUNTRIBUTING OF COUNTRIBUTING ALL COUNTRIBUTING OF	DUE TO, OR  (c)  196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  197 CONDITIONS CO  198 CONDITIONS	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY  EET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO  OPERATION WAS PERFORME  AY YEAR  19  216 HOW INJURY  ARM, ETC.)  216 LOCATION  STREET  JULY  1, 1	Y OCCURRED	200 AUTOPSY? 200 IN  YES NO STATEMENT OF INJURY IN I	b. IF YES, WERE FIN CERTIFYING CAU YES	DINGS USED SES OF DEATH? NO []  STATE
buriol-tronsit permit. Then p I Mentol Hygiene prior to bur or Hem 18 shows ony injury,	70.1	gove rise to immediate couse 101, storting the underlying couse lost part 2 OTHER SIGNIFICA  198 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING COURRED  WHITE NOTWHATE AT WORK AT WORK AT WORK AT WORK SOUND COURRED  WHITE NOT WHATE SOUND COURSED COURSE	DUE TO, OR  (c)  196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  197 CONDITIONS CO  198 CONDITIONS	TION FOR WHICH  FINJURY M. MONTH DA  M.  DFINJURY  EET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO  OPERATION WAS PERFORME  AY YEAR  19  216 HOW INJURY  ARM, ETC.)  216 LOCATION  STREET  JULY  1, 1	Y OCCURRED	200 AUTOPSY? 200 IN YES NO (ENTER NATURE OF INJURY IN I	b. IF YES, WERE FIN CERTIFYING CAU YES	DINGS USED SES OF DEATH? NO []  STATE
buriol-tronsit permit. Then p I Mentol Hygiene prior to bur or them 18 shows ony injury,	70.1	gove rise to immediate couse 101, storting the underlying couse lost part 2 OTHER SIGNIFICA  198 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING COURRED  WHITE NOTWHATE AT WORK AT WORK AT WORK AT WORK SOUND COURRED  WHITE NOT WHATE SOUND COURSED COURSE	DUE TO, OR  (c)  INT CONDITIONS CO  IPP CONDI  SECONDI  IPP CONDI	TION FOR WHICH  FINJURY M. MONTH DA  M.  DFINJURY  EET, FACTORY, OFFICE, F	OPERATION WAS PERFORME  AY YEAR 19 216 HOW INJUR  ARM. ETC.) 216 LOCATION STREET  Ond that in (my) DEGREE	Y OCCURRED	200 AUTOPSY? 200 IN YES NO (ENTER NATURE OF INJURY IN I	6 IF YES, WERE FIN CERTIFYING CAU YES 1 ITEM 18 PART I OR PART COUNTY	DINGS USED SES OF DEATH? NO []  STATE
iched for use os the buriol-tronsit per Dept of Heolth ond Mentol Hygiene i Hem 21 is morked or Hem 18 shows	70.1	gove rise to immediate couse 103, stoting the underlying couse lost PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IFETHER NOTIFY MEDICALEXAL 21d. INJURY OCCURRED  WHILE NOTIFY MEDICALEXAL WAS AT WORK  22a. I certify that (I) (this saw the deceased alwooke, (I) (we see the stock).	DUE TO, OR  (c)  INT CONDITIONS CO  IPP CONDI  SECONDI  IPP CONDI	TION FOR WHICH  FINJURY M. MONTH DA  M.  DFINJURY  EET, FACTORY, OFFICE, F	OPERATION WAS PERFORME  21c HOW INJUR  21f LOCATION STREET  OND THAT IN (my) JOHN DEGREE  ATTEL	EY OCCURRED  19 87  19 0pinion deot	200 AUTOPSY? 200 IN YES NO S  (ENTER NATURE OF INJURY IN I	LEYES, WERE FIN CERTIFYING CAU YES 116M TS PART I ORPART COUNTY 19 8 7	STATE  , that (I) (we) lost the couses stated
ioched for use os the buriol-tronsit permit. Then please remove c bept of Health and Mental Hygiene prior to buriol, cremation, if them 21 is marked or them 18 shows any injury, or other troum.	70.1	gove rise to immediate couse 103, stoting the underlying couse lost PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IFETHER NOTIFY MEDICALEXAL 21d. INJURY OCCURRED  WHILE NOTIFY MEDICALEXAL WAS AT WORK  22a. I certify that (I) (this saw the deceased alwooke, (I) (we see the stock).	DUE TO, OR  CO  INT CONDITIONS CO  196 CONDI  196 CONDI  196 CONDI  196 CONDI  197 CONDITIONS CO  198 CONDIT	TION FOR WHICH  FINJURY M. MONTH DA  M.  DFINJURY  EET, FACTORY, OFFICE, F	OPERATION WAS PERFORME  21c HOW INJUR  21f LOCATION STREET  OND THAT IN (my) JOHN DEGREE  ATTEL	EY OCCURRED  19 87  19 0pinion deot	200 AUTOPSY? 200 IN YES NO (ENTER NATURE OF INJURY IN I	LEYES, WERE FIN CERTIFYING CAU YES 116M TS PART I ORPART COUNTY 19 8 7	STATE  , that (I) (we) lost the couses stated
iched for use os the buriol-tronsit per Dept of Heolth ond Mentol Hygiene if Hem 21 is morked or Hem 18 shows	WEDICAL MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost underlying couse lost part 2 Other Signification or contributing a cause of the contributing account of the countributing accountributing accountribution accountributing accountributing accountributing accountribution accountributing accountribut	DUE TO, OR  (c)  INT CONDITIONS CO  196 CONDI  G	ONTRIBUTING TO DE TION FOR WHICH  FINJURY M. MONTH DA  OF INJURY  CELL FACTORY OFFICE F  ATTRIBUTE dooth  19  236. N	OPERATION WAS PERFORME  AY YEAR  19  216 HOW INJURY  ARM. ETC.)  DEGREE  ATTEL PHYS	ED  Y OCCURRED  Opinion deof	200 AUTOPSY? 200 IN YES NO S  (ENTER NATURE OF INJURY IN I	LIFYES, WERE FIN CERTIFYING CAU YES  ITEM 18 PART I OR PART  COUNTY  19 22c. Do	STATE  , that (I) (we) lost the couses stated

John C. Miller, Inc.-6415 Belair Road-21206

STATE OF MARYLAND

Item 2b,12a,Film G631 9-29-87

(VRA 15, 4)

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR

STATE OF MARYLAND										
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE									
CERTIFICATE OF DEATH	KOH									

5

1		REGISTRAR				CERTIF	ICATE OF DEAT	H	#	REG. N	0.	10			
)Ç	DEC	01.000	FIRST		AIDDLE	L	AST		2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
1	(	Vi	rgi	nia	C.	Sumr	ners	5			9 :	22	87		М
Ī	3 SEX			4 RACE		S. DATE C			6. AGE (II	N YEARS LAST BIR	THDAY}	IF UNE	DER I VEAR	IF UNDE	R 24 HRS
		Female		Cauc	asian	MONTA	21 1	891		95	YRS.		0213	1.0043	Willia.
1		RTHPLACE (STATE OR FOR			WHAT COUNTRY?	8 MARRIE	D NEVER MARRI	ED 🗆		ORE CITY O					
1		°°Virginia		U.S.		WIDOWE	D DIVORC	ED 🔼	E	Baltir	nore	Co	unty	I	MD.
		ty or town of DEATH tonsville	- 1	Summ		ing I	or other instituti Home	ON		OCCUPATION FOR MOST CO		LIFE) IN	Sa]	F BUSIN	IESSOR
2	13a. S	AL RESIDENCE (IF NURSING TATE	G HOME OR 3b COUN	OTHER INSTITUTION. ITY	GIVE RESIDENCE BEFOR 131. CITY OR TOWN Baltim	/N	134 INSIDE CITY LIV YES X NO	MITS?	13e STREE	ADDRESS A	ZIPCOD			Road	
1	4 FA	THER'S NAME		MIDDLE	LAST	1	15. MOTHER'S MAI		۸E						
1	)	James		N.	Shanno	n	Lin	da		J.		311	Daws		
1	16a W	AS DECEASED EVER IN			166 SOCIAL SECU		17 INFORMANT			ADDRE	SS			228	3
0	(Y	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-09	-2541	Dorothy	S.	Earl	e 411	Who	eat			
		Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										DVEN IN	LOADT 1		
	CERTIFICATION	19a DATE OF OPERATIO					N WAS PERFORMED			TOPSY?	20b. IF YE	S, WER	RE FINDIN	NGS USE	TH?
	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEA	P./	M. MONTH D M.	AY YEAR	21c HOW INJURY	OCCURRE	ED (ENTER	nature of Inju	RY IN ITEM 18	PART 1 O	R PART 2)		
1	MEC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE (	EET, FACTORY, OFFICE, I	FARM ETC )	211 LOCATION STREET			CITY OR TO	WN	C	OUNTY		STATE
		22a. I certify that (I) (if sow the deceosed obove, (I) (we) (did	and the same			<b>9</b> -	nd that in (my) (our)	87 opinion d	, to leath occur	red on the de	ote and ha	, 19 our ond	,	that (1) couses st	
		226. SIGNATURE		ive			DEGREE ATTEN PHYSI	DING CIAN [	MEDICA DIRECTO	L STAI	FIAN	2	9-	23	-8)
ı		224 PHYSICIAN'S NAM					22e ADDRESS							212	228
1		Raafat	y. (	dirgis			500 No:		Roll	ing F	load	, B	alto	), N	Id
	23a B	URIAL, CREMATION, RE	MOVAL				EMETERY OR CREM	V-1	23d LO	CATION		COU	NIY		STATE
		Burial		9-24	-87 L	oudor	n Park C			Baltin				IV	Id.
	24. FU	INERAL DIRECTOR			ADDRESS			25a. DATE	REC'D. BY	REGISTRAR	1 .				
	Ma	cNabb Fur	nera	1 Home	Caton	svil	Le Md.	SEF	30	1901	Julia d	Uand	ns.Ka	adae	4

CONTRACTOR OF THE PROPERTY.

SEP 3.0 1987 (11 Artist September 1987)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

066	979 SEP 28	07	REGISTRAR				CERTI	FICATE OF DEATH	REG. N	<u>_</u>	,	
000			CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	poge 3	{14b£	OR PRINT)	RANK	LIN	OWEN	SWEE	T		09/23/87		4:35P _M
. /	E de	3. SEX	(		4. RACE		S. DATE		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	R I YEAR	IF UNDER 24 HRS
+	ge 4	1	MALE		WHITE		6	6 96	91	YRS.		
	Pogo I dire		RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O			
	nero Production	Maryland			U.S.A. WIDOWELA-				i i a lita morro			MD.
	offer d	10. CI	O. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING		G HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT		126 KIND OF BUSINESS OR	
0	i ed		owson, M					rsing Ctr.	Conductor		ilro	oad
212	Po pe pe	13a S	AL RESIDENCE (IF NURS	136 COU	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13. STREET ADDRESS			
AND	7 1	Ма	ryland	Ba	ltimore	Timonium		YES NO X		ffs Court	2	1.093
RYL	The state of the s	140FA	THER'S NAME		MIDDLE	LAST.		15. MOTHER'S MAIDEN NA	ME		LAST	ī
W W	tond I ond		William			Sweet	t	Ann			(	Grimes
RE,	D S D		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	2109	3	
W.	Pogo.		NO	(# 120,0		220-07-4	4192	William F.	Sweet 11 B	ailiffs C		
BALT	ote l		IN CAUSE OF DEAT	H (Enter a	nly ane cause per	line for all this on	dicki	-			ETWEEN	MATE INTERVAL ONSET AND DEATH
1	physemovo emovo event,		PART I. DEATH W		:D BY: TE CAUSE (a)	X00	111	2		.5	+	160
NO	h ce corb or corp		2000		DUE TO, O	R AS A CONSEQUE	NCE OF				/	
EST	e death nove co notion, o		Canditians, if any,		(b)_							
. P.	4 4 9 5 5		gave rise to imm cause (a), statir	ig the	DUE TO, O	R AS A CONSEQUE	NCE OF					
5	that it d by the ease of, cre		underlying cause last. (c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	signe hen pl to bur njury, c	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
ORG	in Tree	CERTIFICATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF Y								YES, WERE FINDINGS USED	
REC	low of the bound	5	THE CONDITION TOR WHICH				OFERATIO	NASTERI ORMED	IN CERTIFYING CAUSES OF			OF DEATH?
TAL	show	ERT	210. ACCIDENT WAS UN	DERLYING T	7 21b TIME C	OF INJURY		21E. HOW INJURY OCCUR			PARI 2)	NO 🗌
7	PHYSICIAN: T ending physicians this certificate to burial-transi and Mental Hygi		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA						
Z Z	HYSICIA Iding p his certifi buriol- i Mento or Hem	MEDICAL	(IF EITHER NOTIFY MEDI			M. OF INJURY	19	211. LOCATION				
/ISIC	4 5 4 9 D	A B	WHILE TO NOT WE	THE T		REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	own co	YINU	STATE
ě	ENDING tol or off OR: After ruse as the Health a		22a.1 certify that (I)	RK	tall attended th	a deceased from	19	noeth 8	1 10 2359	Ellered so	7	that (I) (man) last
	TEN Tol OR: The		saw the deceas	ed alive ar	2350	195	57.0	ind that in (my) (our) opinion	death accurred an the d	ate and haur and f	rom the	causes stated
	RECT RECT RECT Pot o		abave, (I) (we) h	did) fold no	at) view the bady	after death.	-	DEGREE		27	DATE	MIGNED /
	the the toch		plu	2,00	100	20	00	ATTENDING	MEDICAL STA	FF _	9/	24/02
	ERA ERA Stort	1	224 PHYSICIAN'S N.	AME (TYPE	OR PRINT)	e grace	200	122e ADDRESS	DIRECTOR PHYSIC	JAN L	4-	711
	O HOSPITAL  Promod by th  TO FUNERAL  Should be dete  with the Store		Dr. Char	-100 (	1 Donnol	1		7501 York I	Poad			
	TO HOSPITAL retained by 11 TO FUNERAL should be det with the State MPORTANT:	23a F	BURIAL CREMATION				NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
	BP		SPECIFY) Buria		9/26/			ridge Memoria	CITY OR TOWN	idae How		Md.
		24. FU	JNERAL DIRECTOR	4.7	3/20/	UT I'll		229 1250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNAT	URE
	DHMH - 16 50M 1/BI (VRA 15, 4)	H	ubbärd Fun	eral	Home, I	nc., 4107	Will	kens Ave. CED	25 1097	ulia Tanda	n.K	ndall
						,		X-P	40			

neral director, page 3 in 72 hours after death

FOR STATE REGISTRAR

13 87-

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

CERTIFICATE OF DEATH

REG. NO.

		CEASED NAME	FIRST	M	MIDOLE	L/	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	ANDO	FLID	MATH	AN :	TAYLOR		5-19-	-87	7:50 Pm
	3 SEX	X	4.	RACE	10111	S. DATE O		6 AGE (IN YEARS LAST B			IF UNDER 24 HRS.
		MALE		BLAC	cK	MONTH 5	- 19-87	-	YRS.	DAYS	1 48
م ري			OR FOREIGN 76	CITIZEN OF V	WHAT COUNTRY	Y? 8.	NEVER MARRIED	9. BALTIMORE CITY		EATH	
1	1	USA - N	10	1115	5A	WIDOWE		BALT	IMORE (	COUL	UTX MD.
P	₩. C1	ITY OR TOWN OF	DEATH 11		OSPITAL, NURS		R OTHER INSTITUTION	120 USUAL OCCUPAT		b. KIND OF	BUSINESS OR
P()	30	TOWSO	N	ST	JOSER		PITAL				
336	13a S	AL RESIDENCE IF N	LIL COUNTY		134 CITY OR TO	NWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			20011
9	14 FA	THER'S NAME	14-		BALT	MORE	YES NO NO		PENTLANI	Dia	: 21334
EN.	1)	PIRST	T 1 60	DIE	IAST LAST		FIRST	ELLA MIDDLE	=11	LLET	0
0	16a V	WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	161 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDI		LLUF	
C/di		YES, NO OR UNKNOWN)									
( and and	7	18 CAUSE OF DE	ATH (Enter only o	one couse per	line for (o), (b),	and (c).)				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
vent,	1	ART I. DEATH	WAS CAUSED E	BY: Y		TURI	14				
ofic		DVS/21/			AS A CONSEG	UENCE OF	/				
00 B		Conditions, if a		(b)							
er tr		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
or oth		underlying co	use last.	( (c)							
ury,	z	PART 2 OTHER S	IGNIFICANT CO	NDITIONS CO	NTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GIVEN IN	PART Ha	
, T	CERTIFICATION	190 DATE OF OPE	RATION	19b. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WES	RE FINDING	GS USED
3	FFC			115				YES NOT	IN CERTIFYING YES	CAUSES	OF DEATH?
88.	CER.	21a. ACCIDENT WAS		216. TIME OF		B.W. WELB	21c HOW INJURY OCCUP			OR PART 2)	
EY		OR CONTRIBUTING [		HOUR A.A		DAY YEAR					
5	MEDICAL	21d INJURY OCC		21e. PLACE C	****	E EADA ETC )	211 LOCATION	CITY OR T	OWN C	OUNTY	STATE
orked	2	AT WORK AT	WHILE WORK	(ATTIOME STRE	CET, FACTORY, OFFIC	E, FARM, ETC.)					
£ 5		22a 1 certify that		ottended the			19.97				hot X (we) lost
n 21	1	others, it (we	eased olive one) (did) (did) (did)	5-19 riew the body of	after death.		d that in (hay) (our) apinion	death occurred on the			
t ter	(	THE EXCHAINE	/1		4		DEGREE ATTENDING	, MEDICAL STA		22c. DATE S	IGNED
2		X/Ma	uses	mie	nue	'e-	PHYSICIAN	DIRECTOR   PHYS	CIAN		- 17
IMPORTANT: If Hem 2		MIL PAYSICIAN'S		/			22e. ADDRESS	W 12	-n 1CA	. )	21304
IMPC		MARY		FAGE		MD.	1 1620 YOR	K KOAU	10000	OM	D
	A	BURIAL, CREMATIC		236. DATE	23	C. NAME OF C	EMETERY OR CREMATORY	23d. LÓC ATION CITY OR TOWN	cou	NIY	STATE
		UNERAL DIRECTOR					2120U250 DA	TE REC'D. BY REGISTRA	R 254 REGISTRAR'S	SIGNATU	JRE
7/84		NIAAAE	SEPH HO	SOITAL	762	n-V10	Y 20 10C	T 0 9 1987		don P	
,		01.00			100	y Un			T.		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the bural-transit permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician.

BP.

653

5 aq kom

SED page 3

STATE OF MARYLAND 8
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	DEPA		CATE OF DEATH		2	5 318	8
	DEC	CEASED NAME FIRST	MIDDLE	17	NST	20 DATE C	REG. NO.	DAY YEAR	2b HOUR
		ORPRINT) E/129	14 -	To	11/20		9	5 87	3:15 tu
ł	3. SEX		4. RACE	5 DATE O	F BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ł	J. JEA	Formula	Caucasion	MONTH 17	DAY YEAR		81.	MONTHS DAYS	HOURS MIN.
1	7a. BIR	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTY	RY? 8	_	_ 9 BALTIM	ORE CITY OR COUN		
2	C	OUNTRY)	1 USA	WIDOWE	NEVER MARRIEL		Ratina	se Par	at MD
1	10 CIT	Md.  TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR				OCCUPATION		F BUSINESS OR
	0	Towson, Md.		iseph /	Hospital	1 //	MEHOLET	G (IFE) INDUSTRY	
6	13a S1	TATE 136 COUNTY	NTY 13c. CITY OR J		134. INSIDE CITY LIMI	13. STREET 3 80	ADDRESS / ZIP CO	ne Ave	2/206
1	14 FA1	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDE	NAME	WIDOLE	LAS	
ζ	/	Conrad	Bilz	1 17-1	Cathe	rine	Model		erger _
		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SI	ECURITY NO.	17_INFORMANT		ADDRESS		
4		OHILMOMA	215-	54-1453	Catherine	M. Tayl	or 3807 Ba		
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b)	2	to Hon	+ Fail	"	BETWEEN	MATE INTERVAL DISET AND DEATH
1		IMMEDIAT	DUE TO, OR AS A CONSE	-onges	IFE INCO	riiuiii	/	1	
1		Condition II	DR Yea	~ s					
1		Conditions, if any, which gave rise to immediate	(b)	1111105	1870111	orong or	7 7 154	236-	<u> </u>
1		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF		V			
		PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DE ATH BUT	NOT RELATED TO THE	F TERMINAL DISPA	SEAR CONDITION	GIVEN IN PART LI	
	Z	1/0 11/10	tie Sundras	m 1	Dialater	Malli	Fus		
H	ATI	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	WAS PERFORMED	20a AUT	OPSY? 206 IF	YES, WERE FINDIN	IGS USED
	CERTIFICATION	NIA	30	11A		YES 🗆	NO   IN CEI	RTIFYING CAUSES	OF DEATH?
ī	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY O	CCURRED (ENTER N	NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
4		OR CONTRIBUTING CAUSE OF DEA	AIR //	DAY YEAR	NI	4			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE
	2	WHILE NOT WHILE D	(AT HOME SIREET FACTORY OFF	ICE, FARM ETC )	A	1186	0.10		3.412
-			ital) attended the deceased Ira	m3/	24 19.	8/	9/5	1957	that (I) (we) last
		sow the deceased afive an	of view the body ofter death.	9 8 on	d that in (my) (aur) of	pinion death occuri	ed on the date and	hour and from the	causes stated
3		226. SIGNATURE	0	1 1	DEGREE		-0.0	224. DATE	SIGNED
		Muan	e Small		ATTEND PHYSIC	ING MEDICAL	STAFF	9/5	181
		Duane	DRPRINT)	0	22e ADDRESS	Vant 0	1 Joy	BON III	21001
	23a B	SURIAL, CREMATION, REMOVAL	236 DATE 2	3c. NAME OF C	EMETERY OR CREMAT	TORY 23d LOC		) ma	2/204
	(:	SPECIFY) Burial	9-8-87		deemer Cen	CI	Alto.	COUNTY	Md.
	24 FU	INERAL DIRECTOR	1 7 0 07	-rowy atc		a DATE REC'D BY	REGISTRAR 256 REC	GISTRAR'S SIGNAT	
		NA ME				SEP 10			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Then with the State Dept. of Health and Mental Hygene prior to burial, cremation, ar remaval. MAPARANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event. The median control of the property of o

the control of the state of the

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin should be detached for use as the buriol-transit permit. Then please remove containts the State Dept of Health and Mental Hygiene prior to buriol, cremation, or

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retained by the hospital or ottending physician

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

87 25319

P	7	FOR STATE PEGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 87 REG. N	. 25	319				
		DECEASED NAME THE OR PRINT!  JOHN			OSEPH	87 2b	8:35P							
1	3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THOATT	GIADEN LIEUM	UNDER 24 HRS			
		Male		White		Dec	100 1910	86	YRS.	DATS TA	OURS MIN.			
		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D T NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH				
)	Ba	lt. MArv	land	ILS.A		WIDOWE	D DIVORCED	T		ALTIMOR	THE.			
5	TO	WSON		G.BMOn sug	701 NORT	I CHAF	RLES STREET	TYPE OF WORK FOR MOST C Self emplo	oyed	126. KIND OF B INDUSTRY Tailo:	usiness or r			
5	130 S M	TATE	Balt:	ROTHER INSTITUTION NTY <b>LMOTE</b>	GIVE RESIDENCE BEFORE 13. CITY OR TOW Parkvill	ADMISSION)	130 INSIDE CITY LIMITS? YES NO 🖺	3. SIREET ADDRESS 788 Westor	ZIP CODE	21234				
2		THER'S NAME FIRST		MIDDLE	1A51		15 MOTHER'S MAIDEN N	IAME MIDDLE		LAST				
4		hnat AS DECEASED E	VER IN U.S. AI	MED FORCES?	Terzano	IRITY NO.	Carmela 17 INFORMANT	ADDR		ella				
	No	ES, NO OR UNKNOWN	None	VE WAR OR DATES)	215-01-1		Hilda Terza	no Same As	# 13 A					
		18 CAUSE OF D PART I. DEAT			CARDIACAF	KEST				BETWEEN ONS	E INTERVAL ET AND DEATH			
		100	IMMEDIA	TE CAUSE (o)	D AS A CONSEQUE	ENCE OF								
		Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF VENTRICULARTACHYCARDIA												
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying co		(c)_										
	NO	PART 2. OTHER	SIGNIFICANT	CONDITIONS <u>C</u>	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			RMINAL DISEASE OR CON	IDITION GIVE	N IN PART Tio				
7	CERTIFICATION	190 DATE OF OP	ERATION	196 COND	OITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		WERE FINDINGS ING CAUSES OF				
7		210. ACCIDENT WA	CAUSE OF DE	AIH										
	MEDICAL	21d INJURY OCC		21e. PLACE	E OF INJURY  E OF INJURY  STREET  211 LOCATION  STREET			CITY OR TO	)WN	COUNTY	STATE			
				SEPT	e deceosed from _ EMBER 14	SEPTI 87.	MBER 14 _{, 19} 87 nd that in (my) (our) opinio	n death occurred on the c			ot (I) (we) lost uses stated			
,		226 SIGNATURE		DEN SING			ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SIG	187			
		PHYSICIAN'	SNAME LIYPE		SH MD		22e ADDRESS							
		SURIAL, CREMATI	on, remova	23b. DATE 9-18-8			CEMETERY OR CREMATORY  d Mem. Park	23d. LOCATION CITY OF TOWN Baltimore	e	COUNTY	STATE			
4		Leonard		k Inc.	Baltimor	e Ma	ryland 25a. D	D 1 6 1987	25b. REGISTR	AR'S SIGNATUR	all .			

				525 17 57
9E0:- 7: 3€ 00	8 5 1-4.	AND TENOUT	Je	
	11 1310	0162		
ANTE G			A.S.T. Limit	gree .fini
deli estiched dellas	1 1 2 1 1 1 1 1 1 1 1	17.1.1.1.1	CLED	1218402
AFRIS AND ILUMS OFF		Dislocation.	organization;	
alivat	of series	w nurta I		Service L
at Sens An A 15 Above	evidi enidi	215-21-130	6007	
,				
		ord run na		
	,			
7 : 2: 2: 2: 2:	7	ζ:		
		Comme He		
		marget 11	-01-0	Inbest

accountd to ruck Inc. inlaisance Mangland

066981

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 7

	STATE     REGISTRAR		CERTI	HEALTH AND MENTAL HY	REG. NO.	75370
1. DEC	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONT	TH DAY YEAR 26 HOUR
	OR PRINT)		m	() DEMOST	A 500	
	Edward	R.		HOMAS 8	1 2 3	24 487 7:10
3 SEX	x	4 RACE		OF BIRTH .	6. AGE (IN YEARS LAST BIRTHDAY	
	Male	White	MONT 5	16 11	76	YRS DAYS HOURS
7a 81	RTHPLACE (STATE OR FOREIGN	M. CITIZEN OF WHAT C	COUNTRY?		9 BALTIMORE CITY OR CO	
C	COUNTRY)	1	MARRIE	D NEVER MARRIED		
	laryland	U.S.A.	WIDOW			
.10. CT	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
Ca	atonsville /		aven Nursi	ng Home	Truck Drive	Data Courvet
USUA	AL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION GIVE RESI	DENCE BEFORE ADMISSION			
	STATE III COUN		ty or town ltimore	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	
	ATHER'S NAME	Dai	CHIOLE	YES NO	3300 Benson	Avenue 21229
A	FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
1	Edward	Ellis	Thomas	Mary	М.	Decker
	VAS DECEASED EVER IN U.S. ARA		CIAL SECURITY NO.	17 INFORMANT	ADDRESS	
TA Y	YES NOOR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	6-01-7316	Mary Hofflo	r 2762 Wireini	2 7772 21227
		210	)-OT-12T0	Mary herrie	r 2762 Virgini	a Ave. 21227  APPROXIMATE INTERVA BETWEEN ONSET AND DE
	Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)	CONSEQUENCE OF			
	underlying couse lost	10)	- CONSCOULAGE OF			
NOI	PART 2 OTHER SIGNIFICANT CHAONIC	( Ic)	UTING TO DEATH BUT	NOT RELATED TO THE THE MENT		
TIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTED BS TRUCT	UTING TO DEATH BUT	MONARY I	200 AUTOPSY? 20b	REBRA / HROM HEYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
ERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBU PSTRUCT  196. CONDITION FO	UTING TO DEATH BUT	EMONARY I	VI SEASE, CE	KGBLAC HROM  HFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
0	PART 2 OTHER SIGNIFICANT COLLEGE OF PERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	ONDITIONS CONTRIBUTED BS TRUCT 196. CONDITION FOR THE OF INJUR HOUR A.M. MC	UTING TO DEATH BUT	EMONARY I	200 AUTOPSY? 20b	KGBLAC HROM  HFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
	PART 2 OTHER SIGNIFICANT COLOR OF CONTRIBUTING CAUSE OF DEAT	ONDITIONS CONTRIBUTION FOR TRUCT  19b. CONDITION FOR THE OF INJURY HOUR A.M. MC P.M.	UTING TO DEATH BUT  IVE UIT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19	ON WAS PERFORMED	VI SEASE, CE	KGBLAC HROM  HFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
	PART 2 OTHER SIGNIFICANT COLLEGE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT LIFE LITHER NOTIFY MEDICAL EXAMINER; 21d. INJURY OCCURRED	ONDITIONS CONTRIBUTIONS ON THE CONDITION FOR THE	UTING TO DEATIVBUT  IVE UT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY	EMONARY I	VI SEASE, CE	KGBLAC HROM  HFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
CAL	PART 2 OTHER SIGNIFICANT COLOR OF CONTRIBUTING CAUSE OF DEAT	ONDITIONS CONTRIBUTIONS ON THE CONDITION FOR THE	UTING TO DEATH BUT  IVE UIT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19	ON WAS PERFORMED  216 HOW INJURY OCCUR	200 AUTOPSY? 200 IN 1	REBRAC HROM  HEYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
MEDICAL	PART 2 OTHER SIGNIFICANT COLLING TO THE SIGNIFICANT COLLING TO THE SIGNIFICANT COLLING TO THE SIGNIFICANT CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	ONDITIONS CONTRIBUTIONS TRUCT  19b. CONDITION FOR THE CONDITION FO	UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)	ON WAS PERFORMED  216 HOW INJURY OCCUR	200 AUTOPSY? 200 IN 1	REBRAC HROM  HEYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO COUNTY STATE
MEDICAL	PART 2 OTHER SIGNIFICANT COLOR OF THE PART 2 OTHER SIGNIFICANT COLOR OF THE PART OF THE PA	ONDITIONS CONTRIBUTED IN THE CON	UTING TO DEATH BUT  IVE UT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)  seed from	216 HOW INJURY OCCUR	200 AUTOPSY? 200 IN 19 YES NO CITY OR TOWN	COUNTY STATE
MEDICAL	PART 2 OTHER SIGNIFICANT COLLECTION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  226.1 certify that (1) (this hospity sow the deceosed alive on bodys, (1) (we) (did) (did not obodys, (1) (we) (did) (did) (did)	ONDITIONS CONTRIBUTED IN THE CON	UTING TO DEATH BUT  IVE UT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)  seed from	216 HOW INJURY OCCUR 216 LOCATION SIREET 21 19 87 and that in (my) (our) opinion	200 AUTOPSY? 200 IN 19 YES NO CITY OR TOWN	REBRAC HROM  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO CEM 18 PART 1 ORPART 2)  COUNTY STATE  19, that (II (we) and hour and from the couses state.
MEDICAL	PART 2 OTHER SIGNIFICANT COLOR OF THE PART 2 OTHER SIGNIFICANT COLOR OF THE PART OF THE PA	ONDITIONS CONTRIBUTED IN THE CON	UTING TO DEATH BUT  IVE UT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)  seed from	216 HOW INJURY OCCUR 216 LOCATION SIREET 21 19 87 nd that in (my) (our) opinion DEGREE	200 AUTOPSY? 200 IN YES NO CITY OR TOWN	COUNTY STATE
MEDICAL	PART 2 OTHER SIGNIFICANT COLLECTION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  226.1 certify that (1) (this hospity sow the deceosed alive on bodys, (1) (we) (did) (did not obodys, (1) (we) (did) (did) (did)	ONDITIONS CONTRIBUTED IN THE CON	UTING TO DEATH BUT  IVE UT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)  seed from	216 HOW INJURY OCCUR 216 LOCATION SIREET 21 19 87 and that in (my) (our) opinion	200 AUTOPSY? 200 IN 19 19 19 19 19 19 19 19 19 19 19 19 19	COUNTY STATE  19 , that {II (we) and hour and from the couses state  120. DATE SIGNED
MEDICAL	PART 2 OTHER SIGNIFICANT COLLECTION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  226.1 certify that (1) (this hospity sow the deceosed alive on bodys, (1) (we) (did) (did not obodys, (1) (we) (did) (did) (did)	19b. CONDITION FOR THE HOUR A.M. MC P.M.  21b. PLACE OF INJUR (AT HOME STREET FACTOR) of the detection of th	UTING TO DEATH BUT  IVE UT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)  seed from	21c HOW INJURY OCCUR 21c HOW INJURY OCCUR 21c LOCATION STREET 21 19 87 nd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? 200 IN 19 19 19 19 19 19 19 19 19 19 19 19 19	COUNTY STATE  19 , that {II (we) and hour and from the couses state  120. DATE SIGNED
MEDICAL	PART 2 OTHER SIGNIFICANT COLORS  190 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  226.1 certify that (1) (this hospite sow the deceased alive on oboys, (1) (we) (did) (did not 275. Sign). TURE	19b. CONDITION FOR THE HOUR A.M. MC P.M.  21b. PLACE OF INJUR (AT HOME STREET FACTOR) of the detection of th	UTING TO DEATH BUT  IVE UT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)  seed from	216 HOW INJURY OCCUR  216 HOW INJURY OCCUR  216 LOCATION STREET  21 19 87  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN 1	200 AUTOPSY? 200 IN 19 YES NO CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN	REBRAC HROM  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
MEDICAL	PART 2 OTHER SIGNIFICANT COLUMN COLUMN COLUMN COLUMN CAUSE OF DEAT (IFEITHER NOTIFY MEDICAL EXAMINER) CAUSE OF THE NOTIFY OF THE	ONDITIONS CONTRIBUTED IN CONDITION FOR THE CONDI	UTING TO DEATH BUT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)  Seed from	216 HOW INJURY OCCUR  216 HOW INJURY OCCUR  216 LOCATION STREET  21 19 87  nd that in (my) (our) opinion  DEGREE ATTENDING PHYSICIAN 1  22e ADDRESS  Baltimore C	200 AUTOPSY? 200 IN YES NO CITY OR TOWN  TO DIRECTOR PHYSICIAN  COUNTY Gen. Hos	REBRAC HROM  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT COLLEGE OF PERSON IN COLLEGE OF PERSON IN CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hospite saw the deceased alive on bobys, (I) (we) (did) (did not 22b. SIGN TURE)  27d PHYSICIAN'S NAME (TYPE OR DECEMBED)  27d PHYSICIAN'S NAME (TYPE OR DECEMBED)  BURIAL, CREMATION, REMOVAL  SPECIFYI (CREMATION, REMOVAL	ONDITIONS CONTRIBUTED IN CONDITION FOR THE CONDI	UTING TO DEATH BUT  IVE UIT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)  Seed from	216 HOW INJURY OCCUR  216 HOW INJURY OCCUR  216 LOCATION STREET  21 19 87  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN 1  22e ADDRESS  Baltimore C  CEMETERY OR CREMATORY	200 AUTOPSY? 200 IN YES NO CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN  COUNTY Gen. HOS  23d. LOCATION	REBRAC HROM  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO COUNTY  STATE  19 , that (II (we not hour and from the couses state)  1224 DATE SIGNED  9 2-4 6  Spital
WEDICAL WEDICAL	PART 2 OTHER SIGNIFICANT COLUMN COLUMN COLUMN COLUMN CAUSE OF DEAT (IFEITHER NOTIFY MEDICAL EXAMINER) CAUSE OF THE NOTIFY OF THE	ONDITIONS CONTRIBUTED IN CONDITION FOR THE CONDI	UTING TO DEATH BUT  IVE UIT  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  JRY  ORY OFFICE, FARM, ETC.)  Seed from	216 HOW INJURY OCCUR  216 HOW INJURY OCCUR  216 LOCATION STREET  21 19 87  nd that in (my) (our) opinion  DEGREE ATTENDING PHYSICIAN 1  22e ADDRESS  Baltimore C	200 AUTOPSY? 200 IN YES NO CITY OR TOWN  TO DIRECTOR PHYSICIAN  COUNTY Gen. Hos	REBRAC HROM  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO
WEDICAL	PART 2 OTHER SIGNIFICANT COLLEGE OF PERSON IN COLLEGE OF PERSON IN CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hospite saw the deceased alive on bobys, (I) (we) (did) (did not 22b. SIGN TURE)  27d PHYSICIAN'S NAME (TYPE OR DECEMBED)  27d PHYSICIAN'S NAME (TYPE OR DECEMBED)  BURIAL, CREMATION, REMOVAL  SPECIFYI (CREMATION, REMOVAL	ONDITIONS CONTRIBUTED IN CONDITION FOR THE CONDI	OR WHICH OPERATION  RY ONTH DAY YEAR  19  JRY ORY OFFICE, FARM, ETC.)  Seed from 2 19  23c. NAME OF C.  Mt. Ol.	216 HOW INJURY OCCUR  216 HOW INJURY OCCUR  216 LOCATION SIREET  21 19 87  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN A  22e ADDRESS  Baltimore C  EMETERY OR CREMATORY  ivet Cem.	200 AUTOPSY? 200 IN YES NO	REBRAC HROM  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO COUNTY STATE  COUNTY STATE  19 , that (II (we) and hour and from the couses state  22c DATE SIGNED  9/24/6  Spital  COUNTY Marylai

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

SEP 25 1987 And State State State Sept. SEP 25 1987 And State Stat

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEA

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$7 2 5 3 2 1 EDICAL EXAMINER'S CERTIFICATE OF DEATH

18		EASSDALL	FIRST		William	-11 5 0	EKTITIOATE	OI DEA	REC	5, NO.		
		CEASED NAME			WIDDLE		AST	140	20. DATE KNOW	100	DAY Y	EAR 26 HOUR
ASE DR. JRS.			EUGENE		WARD	THOM		1	DEATH MATE	1 3267	15/198	ST GPM
STRICE	3. SEX		ACE	5 DATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHD			R 24 HRS.	IL DATE PRONOUNCE	1	DAT	EAR 2d HOUR
DIR, OUR	Ma	ale W	hite	Nov.7, 19	31   55 YI	RS.	DATS HOOKS	Wild.	DEAD P	blember	19 198	57 /4PM
T CEST Y	7a Bill	RTHPLACE (STATE O	)R	76 CITIZEN OF WH.	AT COUNTRY?	8. MARRIE	D NEVER MAR	RIED -	1. BALTIMORE CI	_		Н
DANGE STATE		ryland		U.S.A.		WIDOWI			Baltimb:	re Coun	ity	MD
AY IS!	10. CI	Y OR TOWN OF	EATH		ITAL, NURSING HOME	, OR OTHE	R INSTITUTION	12a USU	IAL OCCUPATION	(TYPE OF WORK	12b KIND C	F BUSINESS
		oenix		3305 Whi	tesworth Ro		1131	1000		Supervi		
A DEL	USUA 13a S1				RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	113e STRE	EET ADDRESS		1.1.1	
\$ \$ E O P		ryland	Balti	more	Phoenix		YES NO	330	05 Whites	sworth	Rd. 2	21131
LISES A	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	WIDOLE		LAST	
SEC STO		James	C	•	Thomas		Margar	et	М.		Watso	n
NS ONO	16a W	(AS DECEASED EV	ER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURIT		17. INFORMANT			RESS		
AFI SIVE AGE AGE	Ye		1951	1955	212-28-22	270	Howard F	. Wied	dey-4003	Green	Glade	Rd.21131
WIII.		18 CAUSE OF DE	ATH (Enter only	ane couse per line f	or (a) (a) and (c)	1 .	N		4		APPROX	MAJE INTERVAL
ERW ERW AL.		PARTIDEATH	WAS CAUSED	BY: CAUSE (o)	( our	leas	- H7	YA	3/		Seec	dance
N 2 N A I I I I I I I I I I I I I I I I I I I				DUE TO, OR	S A CONSEQUENCE	OF C	1		31-1-1-			
AAL PENS		Conditions, i	ony, which	(b)	Hac	UZ					21	yes
OR TRIEN		cause (a) stat lying couse la	ing the under-	DUE TO, OR A	S A CONSEQUENCE	OF					1	
EX E		ymg coose to	31.	(c)				1-17			-	
CAL NG NG HAN HAN		PART 2 OTNER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN	PART T (a)				
A AS A	O											
SED SED	CAI	190. DATE OF OPE	RATION	196 CONDITI	ON FOR WHICH OPER	ATION WA	AS PERFORMED?				20 AUTO	PSY?
SH CHARLES	RTIF										YES	□ NON
AND SEPTEMBER OF S	MEDICAL CERTIFICATION	INDERLYING		11b. TIME OF HOUR A.M.	MONTH DAY YEAR	21c. HO	W INJURY OCCUR	RED LENTER N	NATURE OF INJURY IN ITE	M 18 PART 1 OR PA	ART 2)	
G THE COLUMN ART THE	ICA	UNDERLYING CONTRIBUTING			19	21/10						
DED SE	MED	21d INJURY OCCI	OT WHILE IT		FINJURY (AT HOME, PRY, FARM, ETC.)	21f. LOC	REET		CITY OR TOWN	со	UNIY	STATE
WR VAR		WHILE AT WORK AT	WORK									
ATE, ORV JR: F		22a I certify the	ot I took charge	of the remains desc	ribed obove, held an	Autops	y . Inspect	ion .	Inquiry .	and in my aj	pinion	
MAN		death resulted fr	om: / Naturo	l couses 🗵,	Accident . Su	icide .	Momicide .	Undete	ermined manner	],		
WAN WAN		Commence of the	10	1-1	1	11	TITLE (SPECIFY)	1			0/	1
HANDER HE WAS THE WAS		SIGNATURE	MAG	Est Ox	brule	der	1)9bul	4 MEDI	ICAL EXAMINER	DATE	D//5/	87
EDICA JEETH A SHC MORE, DEATI		FY AM INFR'S NAA	F OI				///					
EXECUTOR PAGE TO FU PAGE AFTER BALTIN		EXAMINER'S NAM (TYPE OR PRINT)			Donnell, M.					son, M	d. 212	.04
EDSE49	23a BU	PECIEY) rial			23c NAME OF CE			CITY	CATION OR TOWN	COU		STATE
BP		T1AL		9-18-87	Dulaney		25 DAY	Coc	keysvill	e, Ba	lto.	Md.
DHMH - 17		NAME		ADDRESS	1050 York			577	1007 4 WA	n-Devida	Rand	· 102.
(VR A15 ME (5))	Ku	CK TOWSO	runera	ar nome,	Inc., Towson	1, Md.	ZIZUH	-	201		1 .100	

4C III - 1

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

06598

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

11 (5)	REGISTRAR						REG. NO.		
TYPE	RASED NAME	FIRST	M	IDDLE	i.	AST	26 DATE OF DEATH MONTH	DAY YEA	R 26 HOUR
(III)E	OK PRINT)	MARY	TATU	MOHT M	SON	8	Sept. 12,51	987 2	61:3
3 SEX			4_RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNDER 24
1	Female	2	White		MONTH		79		AYS, HOURS
7n BIR	RTHPLACE (STATE			WHAT COUNTRY?	Oct.	9, 1907	9 BALTIMORE CITY OR COI	RS DE ATI	
	OUNTRY)	ON FOREIGN			MARRIE	D NEVER MARRIED			
10.617	MD		USA		WIDOWE		Baltimore		
10 C11	TY OR TOWN OF I	EAIH	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK		ID OF BUSINES
	Rossvi			arletta		rt	Secretary	Go	ov't.
13a. S1		URSING HOME OF	OTHER INSTITUTION O	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	
	MD	Ba	lto.	Rosvil		YES NOX	15 Barlett	a Ct.,	21237
14 FA1	THER'S NAME					15 MOTHER'S MAIDEN NA	ME		
	George		AIDDLE T	atum		Alice	WIDDLE	Holmes	LAST
160 W	AS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	HOLMED	
[Y	ES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	16 14 3	2025	Coorgo The	mcon Da1	to., M	D
	No	1				George Tho	mson, Bal		
	18 CAUSE OF DE PART I. DEATH	ATH (Enter of	nly one cause per l	ine for (a), (b), and	dicui	)	//	BETW	PROXIMATE INTERV
			TE CAUSE (a)	Hun	Q 1/2	u monar	1 ROMAD	_ /	da
			DUE TO OR	AS A CONSEQUE	NCE OF	. /	1	1	/
	Conditions, if o	ny, which	( (b)	(even	20	anemia			ven
	gave rise to	mmediote	DUE TO OR		NICE OF	. //			./
	underlying co		DUE TO, OR	AS A CONSEQUE	NCE OF	tooting V	Camping	. 1	10-
	DART 2 OTHER S	CHIEICANIT	(c) (c)	NIT DIRLITING TO F	EATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OR CONDITION	L GIVEN IN I DAD	1
			COMPINOIA2 CO	INTRIBUTING TO L	ZEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	A GIVEN IN PAK	YIIa
Z	Λ	7-1	1 00	- 1		FA		,	
ATION	A	17 ho	mer mer		OPERATIO	N WAS DEBECRATED	20e AUTOPSY? 20h	IE VES MEDE EIN	DIMOSTISED
FICATION	190 DATE OF OPE	17 ho	100			N WAS PERFORMED	INC	IF YES, WERE FIN ERTIFYING CAU	
RTIFICATION	190 DATE OF OPE	27 AC	196 CONDIT	ION FOR WHICH			YES NO NO	ERTIFÝING CAU YES 🗌	ISES OF DEATH
0	190 DATE OF OPE	RATION UNDERLYING	196 CONDIT	ION FOR WHICH	OPERATIO		INC	ERTIFÝING CAU YES 🗌	ISES OF DEATH
	190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M	RATION  UNDERLYING [  ] CAUSE OF DE  EDICAL EXAMINE	21b. TIME OF HOUR A.N P.N	INJURY A. MONTH DA	OPERATIO	21c. HOW INJURY OCCURE	YES NO NO	ERTIFÝING CAU YES 🗌	ISES OF DEATH
EDICAL	19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY N	PATION  UNDERLYING [  CAUSE OF DE  EDICAL EXAMINE  JRRED	21b. TIME OF HOUR A.N. P.N. 21e PLACE O	INJURY A. MONTH DA	OPERATIO AY YEAR 19		YES NO NO	ERTIFÝING CAU YES 🗌	SES OF DEATH
EDICAL	190 DATE OF OPE  210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M	PATION  UNDERLYING [  CAUSE OF DE  EDICAL EXAMINE  JRRED	21b. TIME OF HOUR A.N. P.N. 21e PLACE O	INJURY A. MONTH DA	OPERATIO AY YEAR 19	21c. HOW INJURY OCCURE	YES NO	ERTIFÝING CAU YES M 18 PART I ORPARI	NO [
MEDICAL	21a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER NOTIFY W 21d. INJURY OCC AT WORK AT WORK AT WORK  THE STATE OF T	RATION  UNDERLYING CAUSE OF DE EDICAL EXAMINE DRRED  WHILE CAUSE CONTROL OF THE CAUSE CONTROL OF THE CAUSE CONTROL OF THE CAUSE CAUS	21b. TIME OF HOUR A.N. P.N. 21e PLACE O (AT HOME STRE	INJURY  A. MONTH DA  A. FINJURY  ET. FACTORY OFFICE, F.  deceosed from	OPERATIO  AY YEAR  19  ARM ETC	21c. HOW INJURY OCCURE	YES NO	ERTIFYING CAU YES  M 18 PART 1 ORPART	ISES OF DEATH
MEDICAL	21a. ACCIDENT WAS OR CONTRIBUTING [ IF EITHER NOTIFY W 21d. INJURY OCC AT WORK AT AT THE PROPERTY OF THE PROPE	RATION  UNDERLYING CAUSE OF DE EDICAL EXAMINE DRRED  WHILE CAUSE CONTROL OF THE CAUSE CONTROL OF THE CAUSE CONTROL OF THE CAUSE CAUS	21b. TIME OF HOUR A.N. P.N. 21e PLACE O (AT HOME STRE	INJURY  A. MONTH DA  A. FINJURY  ET. FACTORY OFFICE, F.  deceosed from	OPERATIO  AY YEAR  19  ARM ETC 1	211. HOW INJURY OCCURE 211 LOCATION STREET	YES NO	ERTIFYING CAU YES  MIS PARTI OR PART  COUNTY	SES OF DEATH NO [
MEDICAL	21a. ACCIDENT WAS OR CONTRIBUTING [ IF EITHER NOTIFY W 21d. INJURY OCC AT WORK AT AT THE PROPERTY OF THE PROPE	RATION  UNDERLYING CAUSE OF DE EDICAL EXAMINE DRRED  WHILE CAUSE CONTROL OF THE CAUSE CONTROL OF THE CAUSE CONTROL OF THE CAUSE CAUS	216. TIME OF HOUR A.M. P.M. 210. PLACE OF STREET	INJURY  A. MONTH DA  A. FINJURY  ET. FACTORY OFFICE, F.  deceosed from	OPERATIO  AY YEAR  19  ARM ETC 1	211. LOCATION STREET  19  d that in (my) (aur) opinion of	YES NO	ERTIFYING CAU YES   MIS PART LORPARI  COUNTY  19  d hour ond from	SES OF DEATH NO [
MEDICAL	210. ACCIDENT WAS OR CONTRIBUTING [IF EITHER NOTIFY WAIT 21d. INJURY OCC WHILE NOTIFY WAIT LETTIFY HOTO thy decident	RATION  UNDERLYING CAUSE OF DE EDICAL EXAMINE DRRED  WHILE CAUSE CONTROL OF THE CAUSE CONTROL OF THE CAUSE CONTROL OF THE CAUSE CAUS	21b. TIME OF HOUR A.N. P.N. 21e PLACE O (AT HOME STRE	INJURY  A. MONTH DA  A. FINJURY  ET. FACTORY OFFICE, F.  deceosed from	OPERATIO  AY YEAR  19  ARM ETC 1	211. HOW INJURY OCCURE 211 LOCATION STREET  214 LOCATION OF THE PROPERTY OF TH	YES NOD INC	ERTIFYING CAU YES   MIS PART LORPARI  COUNTY  19  d hour ond from	SES OF DEATH NO [2]  . then (1) (we the couses state
MEDICAL	210. ACCIDENT WAS OR CONTRIBUTING [IF EITHER NOTIFY W 21d. INJURY OCC  WHILE NOTIFY W AT WORK AT HAD the accident the acci	CAUSE OF DE EDICAL EXAMINE  JRRED  WHITE  (this hosp  Aced align  (did (did no	21b. TIME OF HOUR A.N. P.N. 21e PLACE O (AT HOME. STRE	INJURY  A. MONTH DA  A. FINJURY  ET. FACTORY OFFICE, F.  deceosed from	OPERATIO  AY YEAR  19  ARM ETC 1	211. LOCATION STREET  211 LOCATION STREET  19 Id that in (my) (our) opinion of the control of the control opinion opi	YES NO	ERTIFYING CAU YES   MIS PART LORPARI  COUNTY  19  d hour ond from	SES OF DEATH NO [22]
MEDICAL	210. ACCIDENT WAS OR CONTRIBUTING [IF EITHER NOTIFY WAIT 21d. INJURY OCC WHILE NOTIFY WAIT LETTIFY HOTO thy decident	CAUSE OF DE EDICAL EXAMINE  JRRED  WHITE  (this hosp  Aced align  (did (did no	21b. TIME OF HOUR A.N. P.N. 21e PLACE O (AT HOME. STRE	INJURY  A. MONTH DA  A. FINJURY  ET. FACTORY OFFICE, F.  deceosed from	OPERATIO  AY YEAR  19  ARM ETC 1	211. HOW INJURY OCCURE 211 LOCATION STREET  214 LOCATION OF THE PROPERTY OF TH	YES NOD INC	ERTIFYING CAU YES   MIS PART LORPARI  COUNTY  19  d hour ond from	SES OF DEATH NO [2]  . then (1) (we the couses state
MEDICAL	210. ACCIDENT WAS OR CONTRIBUTING [IF EITHER NOTIFY 21d. INJURY OCC WHILE AT WORK AT HOOR 22d PHYSICIAN'S	RATION  UNDERLYING  CAUSE OF DE EDICAL EXAMINE URRED  WHILE  WORK  I (this hosp sed olive sed olive sed olive NAME (TREE)	21b. TIME OF HOUR A.N. P.N. 21e PLACE O (AT HOME. STRE	INJURY A MONTH DA A SET INJURY ET FACTORY OFFICE, F.  deceosed from 19	AY YEAR 19 ARM ETC 1	211. LOCATION STREET  211 LOCATION STREET  19 Id that in (my) (our) opinion of the control of the control opinion opi	VES NOT NOT NOT NOTE  NOT NOT NOTE  CITY OR TOWN  To CONTROL On the dote and occurred occurred on the dote and occurred occurred on the dote and occurred oc	ERTIFYING CAU YES   MIS PART LORPARI  COUNTY  19  d hour ond from	SSES OF DEATH NO 121 21 21 31 4. that (1) (we the couses state
WEDICAL 23a. Bt	210 ACCIDENT WAS OR CONTRIBUTING [IF EITHER NOTIFY W 21d. INJURY OCC  WHILE NOTIFY HOT AT WORK I AT OF COMMITTED  22d PHYSICIAN'S  Dr. Pat URIAL, CREMATIO	RATION  UNDERLYING  CAUSE OF DE EDICAL EXAMINE  JRRED  WHILE  NORK  I (this hosp  Sed alive  I (did (did no	21b. TIME OF HOUR A.M. 21c. PLACE O (AT HOME STRE ital) attended the property of the body	INJURY  MONTH DA  INJURY  FINJURY  ET FACTORY OFFICE, F.  deceased fram  A  Ites death.	AY YEAR 19 ARM ETC 1	211. LOCATION STREET  211 LOCATION STREET  19  10 (my) (our) opinion of that in (my) (our) opinion of that in (my) (our) opinion of the control of the control opinion opinio	VES NOT	ERTIFYING CAU YES   M 18 PART 1 OR PART  COUNTY  19  d hour ond from	SISES OF DEATH NO 122)  then (1) (we the couses state AFE SIGNED
WEDICAL	210. ACCIDENT WAS OR CONTRIBUTING [IF EITHER NOTIFY MAI 21d. INJURY OCC WHILE NOTIFY that thy declaration of the declaration of	RATION  UNDERLYING  CAUSE OF DE EDICAL EXAMINE  JRRED  WHILE  NORK  I (this hosp  Sed alive  I (did (did no	21b. TIME OF HOUR A.M. 21c. PLACE O (AT HOME STRE ital) attended the property of the body	INJURY  A. MONTH DA  A.  DE INJURY ET. FACTORY OFFICE, F.  deceosed fram  A.  19  23c  M1	AY YEAR 19 ARM EIC   D NAME OF C	211. LOCATION STREET  211 LOCATION STREET  19 Ad that in (my) (aur) opinion of physician physician physician physician are address  3414 St. Pa	VES NOT NOT NOT NOTE  NOT NOT NOTE  CITY OR TOWN  TO CONTROL ON the dote and OLD THE CONTROL OF	COUNTY	SSES OF DEATH NO 121  STA  there (1) (we the couses state

BR 8 + 438

The second is a principal deposit of the least of the second of the seco

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DO REGISTRAR	1			CERTII	ICAIL OF DEAT		REG.	NO.		_	
T DECEASED NAME	FIRST	KA F:	Augusta		Thrusto	on	20 DATE OF DEATH	HTMOM	DAY 1	YE AR	26 HOUR
(TITE OR PRINT)	Frances		iqusta,		Thruston		9/16/	87			5 320
3. SEX	3 10.10.03	4 RACE	igusta,	15. DATE O			AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER	I YEAR	IF UNDER 24 HRS
	246500	Marie Land		MONT	DAY YE	AB /	0.0		MONTHS	DAYS	HOURS MIN.
Female		White		Nov	20 13	94	92	YRS			
70. BIRTHPLACE (ST	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIE	ED X	BATTIMORE CITY	OR COUN			Country
L. iviar	yland		USA						Bal	to.	County
III CITY OR TOWN O					OR OTHER INSTITUTIO	NC	120 USUAL OCCUPA				F BUSINESS OR
Cocke	ysville	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	Broadmea		Teach			STRY	ation
USUAL RESIDENCE	IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE REFOR	F ADMISSION)	Divadille	au I	1 EOCH	<b>T</b> .	LL	uuc	ACIOII
13a. STATE	13b. CQ01		13c. CITY OR TOW	/N	138. INSIDE CITY LIN	AITS?	3e.STREET ADDRESS				
Md Md		Balto.	Cockey	sville	YES NO		13801 Y	ork f	₹d., :	210	30
14 FATHER'S NAME	,	MIDDLE	1451		15. MOTHER'S MAID	DENNAM	E				
L Julius	100	MIDDLE	Thruston	1	Lucy		Meacha	m		Kic	dd
160 WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMAN*		ADD		-	-	
(YES, NO OR UNKNO	(IF YES, GI	VE WAR OR DATES!	225-40-	E022	Nancy	и в	Bachman,	n Ho	land I	202	d 21210
No					Nancy	п. Б	bacıılları,	4 Op	iailu i		MATE INTERVAL
18 CAUSE OF	DEATH (Enter of ATH WAS CAUSE	nly one cause per	ine for (a), (b), on	id (C)	0				BEI	WEEN	DISET AND DEATH
		TE CAUSE (a)	1BDom/a	142	ANCEN	-					
		DUE TO O	R AS A CONSEQU	ENCE OF							
Canditians, i	any, which	1	. 13 1 601 3200	LIVEL OF							
gove rise t	immediate	(b)						1000			
underlying	stating the couse last.	DUE TO, OF	R AS A CONSEQUI	ENCE OF							
		(c)									
PART 2 OTHE	RSIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CO	NDITION (	GIVEN IN PA	ART I co	
Q HYP	ENCAZ	Cam 11	+								
190 DATE OF C	PERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF	YES, WERE	FINDIN	GS USED
I E							YES T NOT	IN CER	YES T	AUSES	OF DEATH?
19a DATE OF C	AS UNDERLYING	216. TIME O	FINJURY		21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 1		AR1 2)	- 0
OR CONTRIBUTION	G CAUSE OF DE	410	M. MONTH D.								
THE EITHER NOTE	FY MEDICAL EXAMINE	P.I		19	211 LOCATION						
WHILE C	NOT WHILE		EET, FACTORY, OFFICE, F	FARM, ETC )	STREET		CITY OR	NWO	COUN	YTY	STATE
AT WORK	AT WORK										
22a.1 certify t	nat (1) (this hosp	ital) attended the	e deceased from_		, 19_		_, to		. 19		that (1) (we) last
sow the a	eceosed alive on	it) view the body	often doubt	, ai	nd that in (my) (aur) a	apinion de	oth occurred an the	date and h	our and fra	m the	causes stated
22b. SIGNATU		III view tile body	diff death.	7	DEGREE				220	DATE	SIGNED
	1. Vall	m 1	A - 141	no	ATTENO	DING _	MEDICAL ST	AFF	/	0,1	1,7/1
224 BUYERCIA	N'S NAME (TYPE O		mar	,-10		IAN 1	DIRECTOR   PHYS	ICIAN		_//	1107-
220. PHTSICIAL			V		22e ADDRESS						
	Walter	N. Hepr	er, M.D		Broad	dmea	d				
23a. BURIAL, CREMA	TION, REMOVAL	73h QATE	23c. 1	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION			7	
1000		\$/17/			w Cremato		Catonsv	ille	Balt		6
T CO SOIT	ation /	13/1//	o/ IWe	STAIG	W CLEIIIafo	· y	Catorisv	1110	Dair		

Lowell Lemmon, 10 W. Padonia Rd.

DHMH - 16 60M 7/B4

BP

PORTANT, If he

(VRA 15, 4)

FOR PATE SEGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

5 3 2

	REG. NO.	Z.,		4 5	
	September 19, 1	987	YEAR	26 HQU	IR M
)	6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS	MONTHS	DAYS	IF UNDER	24 HRS MIN.
	Baltimore Count Baltimore Co				MD.
	12d USUAL OCCUPATION  1 Medical Secret		KIND O DUSTRY	FBUSINE	SS OR
	13e.STREET ADDRESS / ZIP COD 306 Underwood	Ct.	212	12	
AA	D . MIDDLE	Atwo	ood	r	
	ADDRESS		N.J	. 08	3648

1	(TYPE	HOPE	S	. T	ILLI	MAN	September 1	19, 19	87	M
	3. SE	x Female	4. RACE White		DATE C	bber ^{DA} 18, 1910	6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
20		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S	.A.	VIDOWE		9 BALTIMORE CITY O Baltimos			MD
-	10. C1	Towson		HOSPITAL, NURSING I		OR OTHER INSTITUTION	17d USUAL OCCUPATION NEW TOTAL			F BUSINESS OR
1	130 S Ma	AL RESIDENCE (IF NURSING HOME OR STATE aryland 136 COUN	OTHER INSTITUTION	Baltimore		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 306 Underv	ZIP CODE	ct. 212	12
	14. FA		mond S	Sturtevant		Avis	D. MIDDLE	Z	Atwood (AS)	т
100		VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	212-03-922		Hope N. Tillm	addre nan, 16 Alyc		N.J ,Lawre	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		line for (a), (b), and (c		ins Cane	74		1	MATE INTERVAL DNSET AND DEATH
	No	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	(b)	R AS A CONSEQUENCE  R AS A CONSEQUENCE  DIVITRIBUTING TO DEA	E OF	NOT RELATED TO THE TERMI	nal disease or cone	DITION GIV	EN IN PART 10	
100	CERTIFICATION	196 DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DAY	YEAR	21c HOW INJURY OCCURR				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	?1e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM	ETC )	211 LOCATION STREET	CITY OR TOV	٧N	COUNTY	STATE
		22a.1 certify the (Pythis hospi sow the deceased alive an above, (1) (we) (did) (did no	8 2 -	19 8	3- 1_, or	ad that in (MyXour) opinion d	, to Q~\Sigma leath accurred on the do	<u> </u>		that (I) (we) last causes stated
		22% SIGNATURE	i {	Rundal		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED 2 r 8 7
		22d PHYSICIAN'S NAME (TYPE O William E		11, M.D.		27e ADDRESS 1205 Yo	rk Road Su	ite 3	3	
		BURIAL, CREMATION, REMOVAL	23b. DATE 9-2			EMETERY OR CREMATORY ew Crematory	23d LOCATION Bartino	ce, Ma	aryland	STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR IMPORTANT: If Item 21 is should be detached far with the State Dept. af

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

SFP 24 1987

		6 52 81
MISSEL COL		
10 Fe 2 1		
	at extend the first control of the second of	
- management of	SEP 24 987 J 4-	

# 066172 SEP al director, page 3 2 hours after death Poge 4 may be ng physician and completely filled in by the banpapers. Pages 1 offact shauld be tilled in removal DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1201 certificate be executed event, the medical IMPORTANT: If Nem 21 is marked or Item to nows any injury, a TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then powith the State Dept. of Health and Mental Hygiene prior to burian TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

(VRA 15, 4)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

-	-	REGISTRAR		Wine s		FICATE OF DEATH	REG. N		DAY YEAR	Tak HOLLD
		CEASED NAME FIRST	THE A	MIDDLE		LAST		MUNIH	DAT TEAR	750
	3 SEX		Foith Amen	ua Tillison	15 DATE	OF BIRTH	9/14/87 6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	R IF UNDER 24
	J St.				MONT	TH DAY YEAR	0.00		MONTHS DAYS	
-	70 00	Female  IRTHPLACE (STATE OR FOREIGN		EWHAT COUNTRY?	2 8	23/02	9 BALTIMORE CITY O	YRS OR COUNTY	OFDEATH	
2		COUNTRY)			MARRIE	ED NEVER MARRIED				
8	10 (1	Maryland ITY OR TOWN OF DEATH	U.S.		WIDOWING HOME	OR OTHER INSTITUTION	Paltimo	ION	12b. KIND (	OF BUSINES
92		Randallstown	Old Co	urt Nursing	Home		(TYPE OF WORK FOR MOST OF Housewife			(
2	USU,	AL RESIDENCE (IF NURSING HOM	AE OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	RE ADMISSION)	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	2.	1136
25			Baltimore	Reisters		YES NO X	29 Chestrut			
287	14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				AST
(1)		Richard A. Smith		LAST		Mary Ann Du	rhem			
icol		WAS DECEASED EVER IN U.S.	. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT Mrs.		ESS		
medico	(	(YES, NO OR UNKNOWN) (IF YES	S GIVE WAR OR DATES)	215-42-	9484	10301 Liberty			Istown M	arvland
the		18 CAUSE OF DEATH (Ente	anly one couse pe		7 10 1	1	A ,	-		XIMATE INTERVI N ONSET AND DI
move /ent,		PART I. DEATH WAS CA	USED BY:	Car	dio	sulmonary	Arrest		hu	uned
图 50%		Canditians, if any, which gave rise to immediate cause (a), stating the		OR AS A CONSECU	JENCE OF	lentic (	dise	ne		
o buret	Z	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	OR AS A CONSEOU		OT NOT RELAXED TO THE YER	ANAL DISEASE OR CON	ADITION GIV	VEN IN PART 1	Ho.
prior to buriel	CATION	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, C	CONTRIBUTING TO	DEATH	OT NOT RELATED TO THE SERM	PNAL DISEASE OR CON 200 AUTOPSY?	20b. IF YE	VEN IN PART I	INGS USED
iene prior to buriel	TIFICATION	gave rise to immediate cause (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION	DUE TO, C	CONTRIBUTING TO	DEATH	OT NOT RELATED TO THE FERM ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSE ES	DINGS USED ES OF DEATH NO
Hygiene prior to burel	CERTIFICATION	gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, C  1c1  175 CONDITIONS C  195 CONI	CONTRIBUTING TO	DEATH PO	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSE ES	DINGS USED ES OF DEATH NO
ental Mygiene prior to burtel		gave rise to immediate cause (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CEITHER NOTIFY MEDICAL EXAM	DUE TO, C  (c)  NT CONDITIONS C  196 CONE  196 CONE  4 DE DEATH MINER	CONTRIBUTING TO	DEATH PO	ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSE ES	DINGS USED ES OF DEATH
d Mental Hygiene prior to burtel d or llem 18 nows ony injury, or the tra		gave rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICATION.  190 DATE OF OPERATION.  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEITHER NOTEY MEDICAL EXAM. 21d. INJURY OCCURRED.	DUE TO, C  IC1  IT CONDITIONS  IPD CONI  IPD CONI  AND CONI  IPD C	CONTRIBUTING TO	DEATH POPERATION	ON WAS PERFORMED  216. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YE IN CERTII YE	S, WERE FIND FYING CAUSE ES	DINGS USED ES OF DEATH NO
h ond Mental Hygiene prior to bursel in riked or tem 18 hows ony injury, or the tem	MEDICAL CERTIFICATION	gave rise to immediate cause (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICATION.  190 DATE OF OPERATION.  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (6 EITHER NOTEY MEDICAL EXAM. 21d. INJURY OCCURRED.  WHILE NOT WHILE AT WORK AT WORK	DUE TO, C  (c1)  NT CONDITIONS C  19b CONI  19b CONI  BE DEATH HOUR A  NINER)  21b PLACE (AT HOME S	OF INJURY A.M. MONTH D P.M. E OF INJURY OFFICE,	DEATH OPERATION OF THE PROPERTY OF THE PROPERT	ON WAS PERFORMED  216. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YE IN CERTII YE	S, WERE FIND FYING CAUSE ES PART I ORPART 2)	DINGS USED ES OF DEATH NO
of Health and Mental Mygiene prior to buriet  21 is marked at them 18 hows any injury, or the tri		gave rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICATION.  190 DATE OF OPERATION.  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (# EITHER NOTEY MEDICAL EXAM. 211. UNJURY OCCURRED.  WHILE NOT WHILE AT WORK.  220.1 certify that (his head) (this head	DUE TO, C  (c1)  NT CONDITIONS C  19b CONE  19b CONE  HOUR A HOUR A MINER)  21e PLACE (AT HOME S  100 pospital) attended to an	OF INJURY A.M. MONTH D P.M. E OF INJURY OFFICE,	DEATH OPERATION OF THE PROPERTY OF THE PROPERT	ON WAS PERFORMED  216. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU-	20b. HF YE IN CERTIII YE IN TEM 18 I	S, WERE FIND FYING CAUSE ES  PART I ORPART?)  COUNTY	SIA., that (I) (we
Dept. of Health and		gave rise to immediate cause (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (# EITHER NOTHY MEDICAL EXAM 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 220.1 certify that 10 courses 120.1 certify that 10 courses 120.	DUE TO, C  (c1)  NT CONDITIONS C  19b CONE  19b CONE  HOUR A HOUR A MINER)  21e PLACE (AT HOME S  100 pospital) attended to an	OF INJURY A.M. MONTH D P.M. E OF INJURY OFFICE,	DEATH OPERATION OF THE PROPERTY OF THE PROPERT	ON WAS PERFORMED  211. LOCATION STREET  219.  and that in (my) (aur) apinian  DEGREE	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU-  CITY OR TO  death accurred on the death	20b. HF YE IN CERTIII YE IN CERTIII YE OWN	S, WERE FIND FYING CAUSE ES PART I ORPART 2)  COUNTY  19 ur and from th	SIA that (I) (we
Dept. of Health and		gave rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICATION.  190 DATE OF OPERATION.  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (# EITHER NOTEY MEDICAL EXAM. 211. UNDURY OCCURRED.  WHILE NOT WHILE AT WORK.  220. 1 certify that (# this has we the deceased alive).	DUE TO, C  (c)  (c)  (c)  (c)  (c)  (c)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f	OF INJURY A.M. MONTH D P.M. E OF INJURY OFFICE,	DEATH OPERATION OF THE PROPERTY OF THE PROPERT	ON WAS PERFORMED  211. LOCATION STREET  219.  and that in (my) (aur) apinian  DEGREE	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU-	20b. HF YE IN CERTIII YE IN CERTIII YE OWN	S, WERE FIND FYING CAUSE ES PART I ORPART 2)  COUNTY  19 ur and from th	SIA., that (II (we
Dept. of Health and	MEDICAL	gave rise to immediate cause (0), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICATION.  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (# BEITHER NOTHY MEDICAL EXAM.  21d. INJURY OCCURRED AT WORK NOTHY MEDICAL EXAM.  22d. I certify tho (1) (this has well as work.)  22d. PHYSICIAN'S NAME (T. NAME (T. NAME)	DUE TO, C  101  195 CONITIONS C  195 CONITIONS C  196 CONITIONS C  196 CONITIONS C  196 CONITIONS C  197 CONITIONS C  198 CON	CONTRIBUTING TO	DEATH OPERATION OF THE PROPERTY OF THE PROPERT	ON WAS PERFORMED  211. HOW INJURY OCCUR  211. LOCATION STREET  214. HOW INJURY OCCUR  211. LOCATION STREET  ATTENDING PHYSICIAN  22e. ADDRESS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUDENT TO STATE OF THE AUTOPST OF THE	20b. HF YE IN CERTIII YE IN CERTIII YE OWN	S, WERE FIND FYING CAUSE ES PART I ORPART 2)  COUNTY  19 ur and from th	SIAN SIGNED
Stote Dept. of Heolth and	WEDICAL	gave rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICATION.  190 DATE OF OPERATION.  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (# EITHER NOTEY MEDICAL EXAM. 211. UNDURY OCCURRED.  WHILE NOT WHILE AT WORK.  220. 1 certify that (# this has we the deceased alive).	DUE TO, C  101  195 CONITIONS C  195 CONITIONS C  196 CONITIONS C  196 CONITIONS C  196 CONITIONS C  197 CONITIONS C  198 CON	CONTRIBUTING TO  CONTRI	DAY YEAR 19	ON WAS PERFORMED  21c. HOW INJURY OCCUR  211 LOCATION STREET  and that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUDENT TO STATE OF TO	20b. #F YE IN CERTIII YE  URV IN ITEM 18  OWN  date and has  AFF CIAN	S, WERE FIND FYING CAUSE ES  COUNTY  19  ur and from th  22// 3	SIAN SIGNED

at want bank ag w

			1	FOR			PDADTA			ARYLAN		· CITALE	9	5	5 %	0		
			1-	STATE				AENT OF H					53		() 61			
200	2 2 0	7 CEP	10 8	7EGISTRAR		WEI		XAMINE	R'S C	ERTIFIC	CATE OF			REG. N		3		
וטע	0 2 0	1 JLI	1 0 5	PE OR PRINT	FIRST		MIDDLE			LAST		20	DATE	KNOW	MONTH		YEAR	26 HOUR
	3	la vi Witt		TE ON TRIETI	YMOI	T	TE	-2	101	205K	Y		OF DEATH	ESTI- MATED	09	13	1987	2200
	4	6358 6358	3 SE	X 4	RACE	5. DATE OF BIRTH	, ,	6. AGE (IN YEAR	s IF UNI		IF UNDER 2	4 HRS. 20	. DATE		MONTH	DAY	YEAR	2d HOUR
		STEE		M- 1 -	To The state of	MONTH DAY	YEAR	95 YRS	111011111	S DAYS	HOURS		RONOUN	ICED	a	13	22	2215
	94	9220	-	Male	White	76. CITIZEN OF WI						0		ORE CITY	OR COLL	TY OF I	EATH	W
	· F	SSEM!	FC	OREIGN COUNTRY)		A. D. S.					VER MARRIE	D Ц			_		EAIO	
	2	1371		Lithuani			JSA		WIDOW		DIVORCE			timor				MD.
	1/	東京日言	10. C	ITY OR TOWN O	OF DEATH	11. NAME OF HOS			OR OTHE	R INSTITUT	TION	FOR MC	ST OF WOR	KING LIFE)	YPE OF WORK	12b KII	ND OF BUS INDUSTR	SINESS Y
	0	OA WAS		Baltimon		7865 Ha						Tai	lor					
	5 5	SEE AS		AL RESIDENCE (	F IN NURSING HOME	OR OTHER INSTITUTION, GI		OR TOWN		13d INSIDE CI	TV LIMITCS	13e STREE	TADDRE	cc				
	212	ZERSON,		Maryland		timore		timore		YES 🗌	NO XX			Harol	d Roa	ad	212	22
	9	NONS	JA F	ATHER'S NAME							R'S MAIDEN							
	E. A	589%	91	FIRST		Unknown	1	AST		FI	IRST			known			LAST	
	90 90	0 5 48 A	6a '	WAS DECEASED	EVER IN U.S. A		166 SOC	IAL SECURITY	NO.	17. INFORM	AANT		Cal	ADDRES				
	MT.	1 0 N 0		YES, NO, OR UNKNOW		E WAR OR DATES)						D	-1			i a D		1000
	BAI	SEAS		No		-0	1 213-	-09-884	/	Mar	tha J.	Bro	OKS	7865	Haro.			
	1, 2	B > E		18 CAUSE OF	DEATH (Enter of	inly ane cause per lide	for (a), (b),		11.	1.0	wila					BETY	PROXIMATE I	
	N	\$288Z				ATE CAUSE (a)	UON		Ville	-1-00-	Jacob,	mono	m	avai	rang	-	10 ye	ans
	1	24.50					AS A CON	SEQUENCE OF					0				0	
	Em	福祉 子がら			s, if any, which to immediat													
	18	E E E		cause (a) s	stating the under		AS A CON	SEQUENCE OF										
	20	NA A K		lying caus	e last.	(6)										363		
	8 8	PARAG	10	PART 2 OTNER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	UT NOT RELAT	EO TO THE TERMIN	AL DISEASE	OR MONDIFIED	GOEN IN PART	1 (n)						
	DIVISION OF VITAL RECORDS	AS A STATE OR SERVICE	Z		Unspe		2000	en e	P 1	state								
	A C		CERTIFICATION	19a DATE OF C	1	196 CONDIT	ION FOR V	VHICH OPERA	TON WA	AS PERFOR	MED?					120 A	UTOPSY?	
	Z C	NE N	\ E														-	Le
	N 10	SOUNTE A	3 5	21g EXTERNAL	CAUSEWAS	21b. TIME OF	INTERP		T214 HO	WINIEDV	OCCURRED	CNIEDNA	THRE OF IN	ILIDY IN ITEM S	B B A BT 1 OB I		ES .	NOTE
	10	AND THE W		UNDERLYING	OR	HOUR A.M		DAY YEAR	211.110	W IIVJORT	OCCORRED	(EINEK INA	TORE OF IN	UKI IN IIEM I	B PART 1 OK	ART 2)		
	O H	P P P P P P P P P P P P P P P P P P P	1 5		G CAUSE OF			19	21/10/								100	
	SIN 8	RITING THE WOR RDED TO THE CH GE 3 SHOULD BE U TE DEPARTMENT C	MEDICAL	WHILE	NOT WHILE	21e PLACE C STREET, FACT	ORY, FARM, ET		21f. LOC	REET			CITY OR TO	WN	c	OUNTY		STATE
	Q V	WARD WARD PAGE STATE		AT WORK	AT WORK		100								105		V.	
	i	. W V) 's		22a   certify	that I taak chai	rge of the remains des	cribed abov	e held an	Autaps		Inspection	1	Inquiry	X .	and in my o	ninion		
	2	SYNTZ		death resulted		ural causes	Accident		de .	Hamic			mined mo	, ,	and miny c	pillon	,	
4		REC BE		death resumed	a main: Nati	ordi causes 3.	Accident	<u> </u>	de L.J.	namic	ide L.	Underen	minea mo	inner [		9	1.11	
	2	\$ <b>2 2 2 3 3 3 3 3 3 3 3 3 3</b>		ACTUAL	TC	wellow !	SUL	W		LE (SI	ALL-V.	/			DATE	- 1	11718	7
	- 3	SEX SER	7	SIGNATURE_	7.0-			X	M.	0	1	MEDIC	AL EXAM	INER	SIGN	ED-		
	3	ST. SON	4	EXAMINER'S N	IAME T.C	ROSSAN	0	Howar	WA		2.112	Dung	Jalk	Doc.	Ra	Ste.	M) -2	1122
	2	EXECUTE THE CERTIFICATION OF A SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALLIMORE, MARYLA	-	(TYPE OR PRIN		27 5 7 7 7				ADDRESS_		1993 100	A 716		/	=======================================		
	-	- m a - a a	230.6	SURIAL, CREMAT				AME OF CEME			OKY	23d. LOC CITY OR	TOWN			YTAU	STA	TE
	17,17	BP	24.5	Burj		9-16-8		Holy R		7	25a. DATE RE			ore M			UDE	
		DHMH - 17	24.7	NAME DIRECT	Duda	a-Ruck Eune		tome of		dalk	SEP	18	LOISIKA	A ZOO REC	A SISTRAR'S	A	OKE	
		VR A15 ME (5))				Wise Ave				1222						idean.		

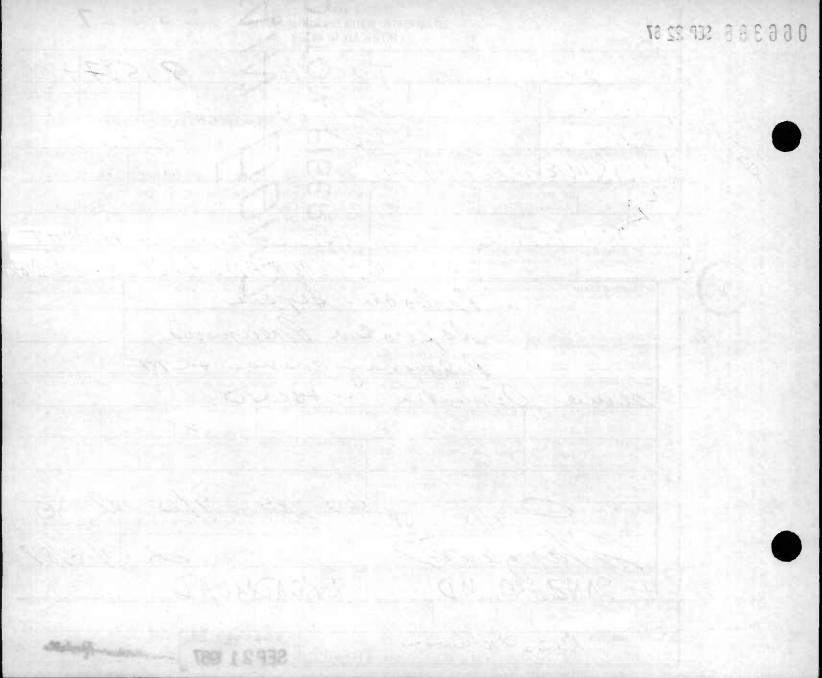
STATE OF MARYLAND

P	22 {	TATE REGISTRAR	DEPARTI		LTH AND MENTAL HYG ATE OF DEATH	REG. NO.	6.
		CEASED NAME FIRST ORPRINT; Katharii	ne Husted	TO	Torsch RSCH	20 DATE OF DEATH MONTH D	287 7, 90 M
	3. SEX		White	S. DATE OF B	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAYT	FUNDER TYEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN.
1	(		Th. CITIZEN OF WHAT COUNTRY?	MARRIED [	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	-2
	10.CI		11. NAME OF HOSPITAL, NURSIN	WIDOWED LIGHOME OR C		Baltimore Coul  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
5	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR OTATE 13b. COUN	Broadmead  Other institution give residence Before TY 13c. CITY OR TOW  Cockeys	N 1130	I INSIDE CITY LIMITS?	Asst. Registrar  13e.STREET ADDRESS / ZIP CODE 13801 York Roa	
7	14. FA	ATHER'S NAME			MOTHER'S MAIDEN NA Wellie		Pracht Pracht
人		YES, NO OR UNKNOWN) (IF YES, GIVE	y ane cause per line to (a), (b), on	6140 M		F, Torsch 9623 F	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUIDED TO, OR AS A CONSEQUIDED TO THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONDITION FOR WHICH	ENCE OF DEATH BUT NO	r ASC		EN IN PART LIGI , WERE FINDINGS USED YING CAUSES OF DEATH?
X	MEDICAL CERTIFIC	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!	P.M.	AY YEAR		~ /	NO [
	MED		21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F att attended the deceased fram	ARM, ETC )	LOCATION STREET	city or town	COUNTY STATE
/		saw the deceased alive on above, It (we bring id id at 1776 SIGNAL (TPE	ing and	> DEC	ATTENDING PHYSICIAN	MEDICAL STAFE DIRECTOR PHYSICIAN	22c DATE SIGNED
	73a P	F SANZA BURIAL, CREMATION, REMOVAL	420 MD	NAME OF CEMI	TBROAT ETERY OR CREMATORY	DMEAD 1236 LOCATION	
		Cremation	Sept. 17, 1987 W	estview	Mem. Park	Catonsville, Bal	
	Ma	artin D. Lawson	,10 W. Padonia	Rd. Ti	monium SF	P2 1 1987	vidon-Randella

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumoti



IMPORTANT: If Hem 21 is marked or Item 13 shows on minuty.

DHMH - 16 60M 7/8 (VRA 15, 4)

#### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE CERTIFICATE OF DEATH

					REG. NO	).		
	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
{145	FOR PRINT)  James	s Harold	Т	rader	Septembe	r 5	: 1987	220
3. SE	X	4. RACE	30° 10 ° 10° 10° 10° 10° 10° 10° 10° 10°	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 21 HRS
/	Male	White	MONT		53		ONTHS DAYS	HOURS MIN.
1 20 0				11 3, 1934	9 BALTIMORE CITY OF	TRJ.	OF DEATH	
70. 0	IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	A BALLIMORE CITY OF	COUNTY	OFDEATH	
	elaware	USA	WIDOWI		Baltimore	Co.		MD.
10. C	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET</li> </ol>		OR OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS OR
C	atonsville	19 Shady Nook		110	Supervisor			& Air Co
Usu	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)					
200	STATE 131 COUN				13e.STREET ADDRESS /		2106	
	aryland AA (	Co. Glen Bur	nie	YES NO K	7974 Nolpa	rk Cou	irt Apt	103
A		MIDDLE		FIRST	MIDDLE		1AS1	
V	Harold	Trader	, Jr.	Kathryn	Ε.		Lov	ve
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17. INFORMANT (Wife	ADDRE	_		
4	Yes Korea		895	Juanita F. k	Cemp Trader	S	ame as	#13
	T	ily ane cause per line for (a), (b), an		1.0441.154.1.1	TOMP TEAGET		APPROXI	MATE INTERVAL
	PART I. DEATH WAS CAUSE		id (C.)				BEIWEEN	INSEL AND DEATH
4	IMMEDIA	TE CAUSE (a)						
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF	Cum	in a x	O		
	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVE	N IN PART 10	
Z								
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
윤							ING CAUSES	
4 2	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES		NO 🗆
6	OR CONTRIBUTING CAUSE OF DEA		AY YEAR	THE HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PA	RT   OR PART 2]	
1 8	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM FICT	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
2	AT WORK AT WORK							
	22a.   certify that (1) (this hospi	tal) attended the deceased fram_			, to	, i	9	that (I) (we) last
	saw the deceased alive on	1) view the bady alter death.	27.0	nd that in (my) (aur) apinian a	deoth occurred on the do	te and haur	and from the	causes stated
	22b. SIGNATURE	1) view the bady after death.		DEGREE		AUTO	27c DATE	SIGNED
	12	02176		ATTENDING	MEDICAL STAF			
_	gina	9. Agree Min			DIRECTOR PHYSIC	IAN	1	8.87
	22d PHYSICIAN'S NAME (TYPE O	J. Hyatt mg.		3900 Lock	RAVEN BL	ND C	BALTIM	me /2121.
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. I	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial	Sept 8, 1987 G	en Ha	aven Mem. Park	Glen Burn	ie A	A Co.	Maryland
24 F	UNERAL DIRECTOR &	6/ 1/0/ 61	Len He	250 DATI				
	NAME D.JV	ADDRESS		OF	D.4.0.4007	1 . · K	-0, 4	· dage
S:	ingleton Funeral	L Home Glen Bur	nie, I	Maryland 5	F 1 U 190/	Julia D	Curans.	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

certificate be executed

death

ATTENDING PHYSICIAN: The lo

TO HOSPITAL

retained by the hospital ar attending physician

medicol

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicii should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

,	I I Em	/	- 12		NIL
0	BEOR 9/	4	187	Di	9D

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	5	5	2	
@+wa				

O A	REGISTRAR	27/0	CERTIFICATE OF	DEATH	REG. NO	t n				
	CEASED NAME FIRST	WIDDLE	LAST	20	a. DATE OF DEATH "	ONTH	DAY YEAR	2b. HOUR		
(TYPE	FREDA	Ė.	TRAINOR		SEPTEMBER	6,	1987	9:08Am		
3. SE	(	4. RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRTH		IF UNDER TYEAR	IF UNDER 24 HRS		
	Female	White	June 18,	1894	93	YRS.		77000		
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEVEL	MARRIED 9	BALTIMORE CITY OR	COUNTY	OF DEATH			
1	Maryland	U.S.A.		DIVORCED	Baltimore	Cou	inty,	MD		
10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER IN STREET ADDRESS) COMWELL N.H.		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOMEMAKET	WORKING LIF		F BUSINESS OR		
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE JINTY 131. CHTY OF	TOWN 13d. INSIDE	ИО □	Se STREET ADDRESS / 2930 IV			1218 NC e. ST		
14 FA	THER'S NAME FIRST	MIDDLE LA		R'S MAIDEN NAME FIRST	MIDDLE		LAS	T		
				11amena						
16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIA	L SECURITY NO. 17. INFORM		ADDRES	S				
,	No -		01-4318 Ruth	V. Dis	ney 237 F	Ridge		21204		
	18 CAUSE OF DEATH (Enter	only one couse per line for (0),	(b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH		
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	lug oigna	nemers	AZRYT	- I- M				
z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CON  (c) CONCERNING  CONDITIONS CONTRIBUTION	on my Action	-	CV1 &	ITION GIV	EN IN PART IN	0		
AT O	190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PER	FORMED	200 AUTOPSY? 20b. IF YES, WI			WERE FINDINGS USED		
CERTIFICATION	THE DATE OF OFERATION				YES NO		YING CAUSES	OF DEATH?		
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONT		INJURY OCCURRED	D (ENTER NATURE OF INJURY	IN ITEM 18 F	PART T OR PART 2)			
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)  211 LOCA STR	TION	CITY OR TOW	/N	COUNTY	STATE		
		spital) attended the deceased			_, to			that (I) (we) lost		
	sow the deceased alive a above, (1) (we) (did) (did	not) view the body ofter death.	19	y) (our) opinion de	oth occurred on the do	te and hou	ir and from the	couses stated		
4	22b. SIGNATURE	1	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22c. DATE	SIGNED		
1	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e ADDF	tESS						
	Simon V.	Scalia, M.D	. 2900	D E. Bal	timore St	t. :	342-41	42		
	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c NAME OF CEMETERY C	R CREMATORY	234 LOCATION		r Ounty	STATE		
E	ÜRTAL	SEPT. 9,'8	7 GOVANS PRI	ES. CHUR		IMOR	E, MAR	YLAND		

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
WILLIAM E LOCH RAVEN BLVD JOHNSON 8521 E.

LOCATION
CITY OF TOWN

BALTIMORE CHURCH 250 SEPO 9

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGYENE CERTIFICATE OF DEATH

	FOR STATE		DEPARTN		EALTH AND MENTAL HYG	REG. NO	2 <b>5</b>	5 5		
ľ	TOECEASED NAME FIRST	AA.	DDIE	l.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
l	Man	rguerite	L.	Tr	ravers	(	9 1	1 87	9:00a M	
Г	3. SEX	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	IF UNDER 24 HRS	
I	Female	White		Apri	1 16, 1906	81	YRS	MOINING DATS	NOURS MIN.	
1	Maryland	U.S.A.	HAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED X	Baltimore city o			MD	
1	Towson	(IF NOT IN SUCH	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHTY, GIVE STREET ADDRESS)  Paltimono Modical Conton			120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired			of Business or ol Teache	
	USUAL RESIDENCE (IF NURSING HOME 130 STATE 130 CO Maryland How	or other institution, of UNITY ard	GIVE RESIDENCE BEFORE ADMISSION)  136: CITY OR TOWN  Laurel  13d INSIDE CITY LIMITS?  YES \( \text{NO K} \)			13e STREET ADDRESS / ZIP CODE   8006 McKenstry Drive 20707				
1	FATHER'S NAME FIRST Turner	MIDDLE P.	Traver	s	15. MOTHER'S MAIDEN NAME Eleanora	AE MIDDLE		Linthi	icum	
1	160, WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
1	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	220-22-3989 Harry W. Fer			erkler, Same As #13e 20707				
	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
	190 DATE OF OPERATION 07/30/87 210. ACCIDENT WAS UNDERLYING				TION FOR WHICH OPERATION WAS PERFORMED PUCTION OF SMall bowel due			S, WERE FINDI FYING CAUSE: ES	INGS USED	
		DEATH 216. TIME OF	INJURY N. MONTH DA							
١	OR CONTRIBUTING CAUSE OF INTERPRETATION OF MAILE AT WORK AT WORK	21e PLACE C	FINJURY ET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
	sow the deceased olive abave, (I) (we) (did) (did	270.1 certify that (I) (this hospital) attended the deceased from JUTY 27. 1987 to September 11 19.87 that (I) (we) lost sow the deceased olive an September 11 19.87 and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death.								
	Dan	226 SIGNATURE DEGREE ATTENDING PHYSICIAN [					FF CIAN D	9/1	1/82	
	22d. PHYSICIAN'S NAME (TYP				22e ADDRESS					
1		der, M.D.			G.B.M.C.	1				
ı	230 BURIAL, CREMATION, REMOV (SPECIFY) Burial	23b. DATE 9-14-8			Park Cemetery	23d LOCATION CITY OR TOWN Baltimo		COUNTY Marylan		
	24 FUNERAL DIRECTOR Ruck Towson Fund	eral Home		I OFO T	250 DAT	F REC'D BY REGISTRAR		TRAR'S SIGNA	TURE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR

BP.

					17 07
Marie La St.	37	e Later South		1	
		1 (4 E			000cm
	del semialat			35	
			AND BAS		1103.72
755 -	F-0 8 ( F)	•	4		
Martes		e z szmi	en gent		
				Y.	

BP. DHMH - 16 60M 7 (VRA 15, 4)

065978

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

3. S  3. S  3. S  10. C  10. C  113.0.  14. F	Female BIRTHPLACE (STATE OR FOREIGN COUNIRY) Maryland CITY OR TOWN OF DEATH  Timonium  UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUMARYLAND BAJE FRIST NICHOLAS  WAS DECEASED EVER IN U.S. AL (YES NO OR UNKNOWN) (IF YES G	White White Th CITIZEN OF THE NOTING SUCCESSION OF THE INSTITUTION NITY  AND THE INSTITUTION NIT	HOSPITAL, NURSING HEACILITY, GIVE STREET A Verin Cir	S. DATE COMONTO JULY  8 MARRIE WIDOWE GOORESS CLE	3, 1926	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W Home Makes 13e STREET ADDRESS / ZI 16 Inverin	13, 1987  IF UNDER 1 YEAR IF UNDER 2 YRS DAYS HOURS COUNTY OF DEATH  TE COUNTY,  NORKING (IPE) 175 KIND OF BUSINES INDUSTRY TOWN HOME		
3 S  70 10 C  10 C  10 C  11 C  14 F	FEMALE BIRTHPLACE (STATE OF FOREIGN COUNTRY) MATYLAND UAL RESIDENCE (IF NURSING HOME OF STATE OF FOREIGN HOME OF STATE OF THE STATE OF	White  White  The CITIZEN OF V  U.S.  The NAME OF HER INSTITUTION NOTY  LET MODE  MIDDLE  RMED FORCES?	WHAT COUNTRY?  A.  IOSPITAL, NURSIN HEACHITY, GIVESTREET A VERIN CIR TOWN RESIDENCE BEFORE TIMONI  LASI	S. DATE COMONTO JULY  MARRIE WIDOWE G HOME COADRESS)  Cle  ADMISSION)	DF BIRTH  7 3, 1926  D NEVER MARRIED  D DNORCED  DR OTHER INSTITUTION  13d INSIDE CITY LIMITS?  YES NO 1	6 AGE (IN YEARS LAST BIRTHD) 61 9 BALTIMORE CITY OR C Baltimon 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOME Make) 13e STREET ADDRESS / ZI 16 Inverin	13, 1987  IF UNDER LYEAR IF UNDER 2 YRS DAYS HOURS COUNTY OF DEATH  TE COUNTY,  NORKING (IPE) 126 KIND OF BUSINES OORKING (IPE) 170 KIND OF BUSINES OORK IND USTRY TOWN HOME		
5 70 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Female BIRTHPLACE (STATE OR FOREIGN COUNIRY) Maryland CITY OR TOWN OF DEATH  Timonium  UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUMARYLAND BAJE FRIST NICHOLAS  WAS DECEASED EVER IN U.S. AL (YES NO OR UNKNOWN) (IF YES G	White  7b CITIZEN OF 1  U.S.  11. NAME OF HIR NOT IN SUCLE  16 Inv.  OR OTHER INSTITUTION  NITY  Ltimore  MIDDLE  RMED FORCES?	A.  HOSPITAL, NURSINI M FACTURY, GIVE STREET A  VERIN CIR GIVE RESIDENCE BEFORE TIMONI  LASI	MARRIE WIDOWE G HOME CADDRESS) CLE	D NEVER MARRIED DIVORCED DIVOR	9 BALTIMORE CITY OR CO Baltimos  120 USUAL OCCUPATION (1196 of WORK FOR MOST OF W HOME Makes)  13e STREET ADDRESS / ZI 16 Inverin	YRS DAYS HOURS COUNTY OF DEATH  TE COUNTY,  NORKING LIFE) 12b KIND OF BUSINES INDUSTRY  OWN HOME		
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BIRTHPLACE (STATE ON FOREIGN COUNIRY)  Maryland CITY OR TOWN OF DEATH  Timonium  UAL RESIDENCE (IF NURSING HOME OF STATE  UAL RESIDENCE (IF NURSING HOME OF STATE)  WARYLAND FATHER'S NAME FIRST  Nicholas  WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN)  (IF YES GI	U.S.  11. NAME OF HER NOT IN SUCH THE INSTITUTION NITY  LTIMOTE  MIDDLE  RMED FORCES?	A.  HOSPITAL, NURSINI M FACTURY, GIVE STREET A  VERIN CIR GIVE RESIDENCE BEFORE TIMONI  LASI	July  MARRIE  WIDOWE G HOME C  ADDRESS)  Cle  ADMISSION) N	7 3, 1926  D NEVER MARRIED DOROCED DOROTHER INSTITUTION  13d INSIDE CITY LIMITS?  YES NO 1	9 BALTIMORE CITY OR C Baltimos 120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WARKE) HOME Makes  13e STREET ADDRESS / Z 16 Inverin	COUNTY OF DEATH  re County,  NORKING LIFE) 175 KIND OF BUSINES INDUSTRY  OWN HOME		
5 050 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Maryland CITY OR TOWN OF DEATH  Timonium  UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUMARYLAND BALFATHER'S NAME FIRST NICHOLAS  WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES GIVEN	U.S.  11. NAME OF HER HOT IN SUC.  16 Inv.  17 OTHER INSTITUTION NTY  Ltimore  MIDDLE  RMED FORCES?	A.  HOSPITAL, NURSINI M FACTURY, GIVE STREET A  VERIN CIR GIVE RESIDENCE BEFORE TIMONI  LASI	WIDOWE G HOME C ADDRESS) Cle	DWORCED DWORCED DR OTHER INSTITUTION  13d INSIDE CITY LIMITS?  YES NO K	Baltimon 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOME Make)  13e STREET ADDRESS / Z 16 Inverin	re County,  N 126 KIND OF BUSINES INDUSTRY OWN Home		
3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Timonium  UAL RESIDENCE (IF NURSING HOME O. STATE 136 COU  Maryland Ball FATHER'S NAME FIRST  Nicholas  WAS DECEASED EVER IN U.S. AI (155 NO OR UNKNOWN) (IF YES G.	IF NOT IN SUC 16 Inv DR OTHER INSTITUTION NTY Ltimore MIDDLE	MEACHITY, GIVE STREET A VETIN CIT GIVE RESIDENCE BEFORE 13c CITY OR TOWN TIMONI  LAST	cle  ADMISSION)	13d HISIDE CITY LIMITS?	Type of work for most of w Home Makes  13e STREET ADDRESS / ZI  16 Inverin	ORKING LIFE) INDUSTRY OWN Home		
130. N	Maryland Bal FATHER'S NAME FINST Nicholas WAS DECEASED EVER IN U.S. AI (1865 NO OR UNKNOWN) (18 YES G	Ltimore  MIDDLE  RMED FORCES?	Timoni	N	YES NO K	16 Inverin			
0 1 160	Nicholas WAS DECEASED EVER IN U.S. AI	MIDDLE	_		15 MOTHER'S MAIDEN NA	.5			
the medical	WAS DECEASED EVER IN U.S. AI		0011011	es	Helen	ME	Livaditou		
the med		IVE WAR OR DATES)	166 SOCIAL SECUR		17 INFORMANT	ADDRESS			
the the	18 CALISE OF DEATH (Enter of		213-26-91	L76	Mr. James Tso	ouvales Box 9	McDonogh School		
3	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per ED BY:	time for (a), (b), and	46	espiratory t	Irrest	APPROXIMATE INTERV BETWEEN ONSET AND D		
ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 196 DATE OF OPERATION 196 CONDITION FOR WHILE H OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FIN IN CERTIFYING CAU YES 216. ACCIDENT WAS INDERLYING 1216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERN 18 PART 1 OR PART								
RTIFIC	MA		1/1	A		YES NO	N CERTIFYING CAUSES OF DEATH		
	210. ACCIDENT WAS UP SERLYING CONTRIBUT KOSE OF DE	ATH HOUR A.	M. MONTH NOA	Y YEAR	216. HOW MINEY OCCURR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 2)		
MEDICAL	21d INJURY OCCURRED  WMILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STA		
21 is mo	22a I certify that (I) (this hasp now the deceased alive or above (I (we) (did) (plid no			37,00	nd that in (my) (aur) apinion o	death occurred an the date	and have and from the couses state		
E	77h SIGNATURN	erren	al	_	-	MEDICAL STAFF DIRECTOR   PHYSICIAN	N DATE SIGNED		
MPORTANI	Neil B. Roses		M.D.		27e ADDRESS	Broadwa	ig -		
≤/ 23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial FUNERAL DIRECTOR		16,1987	reek	Orthodox Cemork Road 250 DATE		Baltimore Md.  REGISTRAR'S SIGNATURE		

SEP 1 6 IGHT

50 gode 3

#### STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

	REG.	N
 	_	_

JI.	•	REGISTRAR XC	16/	41. 845		CERTIFIC	CAIL OI DEAT		REG. N	0.		1
		SED NAME	EIRST		MIDDLE	17	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
I.	TYPE	OR PRINT)	CARVE	L Ha	rris	TUT	OR	S	SEPTEMBER 9	198	7	10:15
3	SEX			1. RACE		5. DATE O			AGE (IN YEARS LAST BIR	THDAY	IF UNDER TYEAR	
M	(A)	LE	193	WHITE		OCTOB		21	65	YRS.	MONTHS: DAYS	HOURS MIN.
70		RTHPLACE (STATE OR FO	REIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	NEVER MARRI	ED 🗆 9	BALTIMORE CITY C	R COUNTY	OFDEATH	
		ORTH CAROLI		U.S.A.		WIDOWE	D DIVORCE	ED 🛛	BALTIMORE	COUNT	Y	MD
10	CII	TY OR TOWN OF DEAT	Н		HOSPITAL, NURS		R OTHER INSTITUTION		(TYPE OF WORK FOR MOST			OF BUSINESS OR
		ORT HOWARD		VA MEDI	CAL CENT	ER			Superviso		C. &	P TELL
		L RESIDENCE (IF NURSIN	36 COUN		130 CITY OR TO		13d. INSIDE CITY LIA	AITS?	3e.STREET ADDRESS	ZIP CODE		
			ALTI	MORE	COCKEYS	VILLE	YES NO		3 WINDY FA	LLS W	AY 2	1030
14	FA	THER'S NAME FIRST	M	AIDDLE	LAST		15. MOTHER'S MAIL	DEN NAMI	E MIDDLE		ŁA:	51
	05	SCAR			TUTOR	DOM:	FLON Y	D			ARNOI	D
16		(AS DECEASED EVER IN		AED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	50.55	ADDR	ESS	1011	717-5-
	YE		WWII	MAK OK DATES]	245 18	4872	CLINICAL I	RECOR	DS. VAMC.	FORT	HOWARD.	MD
F	٦	18 CAUSE OF DEATH			line for (a), (b), a	ind (c).)					APPROX BETWEEN	ONSET AND DEATH
П		PART I. DE ATH WA		BY: E C AUSE (o)	HEPATO R	ENAL F	AILURE				DAYS	
	П	"			R AS A CONSEO			H 31				
		Conditions, if ony,	which		CHRONIC		TITELSE				YEARS	
L		gave rise to imme		)	R AS A CONSEO							
Г		underlying cause	lost	(c)	R AS A CONSECU	JENCE OF						
	1	PART 2. OTHER SIGNI	FICANT C		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	DITION GIV	/EN IN PART 1:	0
2	5	ARTERIOSC	יסקק זי	TTC HEAT	DT DICEA	CE.						
13	CEXTIFICATION	19a DATE OF OPERATION					WAS PERFORMED		200 AUTOPSY?		S, WERE FINDI	
Ì									YES NOT		FYING CAUSES	NO T
1 8	ž,	21a. ACCIDENT WAS UNDE	RLYING	21b. TIME C			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM IS	PART I OR PART ?)	
		OR CONTRIBUTING CA		in .	M. MONTH [ M.	DAY YEAR						
2	MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY		211 LOCATION		The same of the same	-		
244	E	WHILE NOT WHILE		(AT HOME ST	REET, FACTORY, OFFICE	, FARM ETC )	STREET		CITY OF TO	WN	COUNTY	STATE
		22a.1 certify that (I) (I		ol) ottended th	e deceosed from	JUNE	10	87	to SEPTEMB	ER 9	19.87	that (1) (we) lost
	0	sow the deceased above, (1) (we) (di	olive on	EPTEMB	ER 9 19		d that in (my) (our)	opinion de	eoth occurred on the d	ote and hou	or and from the	couses stoted
		226 SIGNAFORE	d) terra nor	view me body	affer deoffi.		DEGREE				27c. DATE	SIGNED
1		1 theke	1	/www	24		ATTENI		MEDICAL STA		9-9-	07
1		224 PHYSICIAN'S NAM	ME ITYPE OF	1			22e ADDRESS	C.A.T.	ZZerok 🗀 rinisk	, -[-]	19-9-	0.7
		PETER V.	JUVA	AN, M.D.			VA MEDICA	AL CE	NTER, FORT	HOWA	RD. MD	21052
73	a B	URIAL, CREMATION, R		T236 DATE		NAME OF C	EMETERY OR CREMA		73d. LOCATION		, , , , ,	21032
1.,		SPECIEVI	LINOTAL	TOO DAIL			LIVE IERT ON CREWIT		CITY OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 21 is

TO HOSPITAL OR ATTENDING

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR Evans Chapel of Chimes

Rurial

12 Sep 87

Dulaney Valley Memorial

York Road 21093 Balto. County Balto. County,

equires that the death certificate be exec

TO FUNERAL DIRECTOR: After the certificate has been somed by the ottending physicion and should be detached for the outlier burild transit permit. Then please remove corbon papers. Pogos with the State Dept. of fleath and Mental Hygiere prior to burild, creation, or removal.

etoined by the hospital or

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

TO HOSPITAL

murr or other troumatic event, (

IMPOSTANT, If hem 21 is marked or hem,

065740 SEP

uted within 24 hours ofter death. Page 4 may be

completely filled in by the funeral directar, page 3 ; I and 2,should be filed with a 22 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

?

	187	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYG CATE OF DEATH	IENE REG	2 5	0	; ;
		CEASED NAME FIRST AMAR	MIDDLE RACE	5. DATE OF	HER	A AGE INTEMSIASI	9/6/	87	HOUR
	7a BIR	FEMALE RTHPLACE (STATE OR FOREIGN 76 OUNTRY)	BIACK CITIZEN OF WHAT COUNTRY?	MARRIE MARRIE	DAY YEAR 15 14 NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O		HOURS MAN
1	10. CII	MARY And TY OR TOWN OF DEATH 2 W 11	NAME OF HOSPITAL, NURSIN	WIDOWED	DIVORCED [	DAHA 12a USUAL OCCUPA (TYPE OF WORK FOR MOS!	OF WORKING LIFE)	126 KIND OF INDUSTRY	MD. BUSINESS OR
7	USUA 13a S	L RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE BEFOR	PORE	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS		1. 21	206
1	)	Charles MID	DAVIS		15. MOTHER'S MAIDEN NA	MIDDLE	RESS	Joh.	NSON
7		AS DECEASED EVER IN U.S. ARME ES. NO OR UNKNOWN  (IF YES, GIVE W)	(AR OR DATES) 220-12	-847	2 MARY	5. Wilson	4 (44)	E. PR	NASY KNIM
	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEOU  (b) DUE TO, OR AS A CONSEOU  (c) UTI WI	enal. ENCE OF L SEP	failure as  1945 as per  NOT RELATED TO THE TERM	per Dr. Ou  Inal Disease or co	Orling ng NOWION GIVEN	IN PART 1:a	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	YES NO	206. IF YES, V IN CERTIFYIN YES	WERE FINDING NG CAUSES O	SS USED OF DEATH?
-	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH D P.M. 218 PLACE OF INJURY	19	216 HOW INJURY OCCURE	RED (ENTER NATURE OF IN	_ (5	(OUNTY	STATE
	W	WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hospital)	(AT HOME STREET, FACTORY OFFICE.  ) ottended the deceased fram		, 19	, to	, 19		ot (li (we) last
		saw the deceased blive on obove of the original value of the origi	Cornector		Athot in (my) (aur) opinion  EGGE  ATTENDING PHYSICIAN  The ADDRESS	MEDICAL ST	AFF A	and from the co	
	- (	SPECIFY BURIAL  JURIAL DIRECTOR	23b. DATE 9/11/87 6	2	METERY OR CREMATORY  SON FOREST  1 250 DAT	23d LOCATION VILLS CITY OR TOWN VILLS OV TE REC'D. BY REGISTRA		COUNTY/S	md.
	C	hatman-HARA	EIS EH 170	ma	allos ST. SE	P 1 5 1987	gulia ver	don-Man	

The state of the s

967

## STATE OF MARYLAND

ı	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH . REG. NO.							
ı		EASED NAME FIRST	All	DDIE	LAST		20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR	
4	O B	edna	F	1	Ja not	emast		9 2	6 87	I A M	
٦	3. SEX		RACE	5	DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS.	
ı		Formala	whit	e.	MONTH	14 10	8	7 YRS "	ONINS DATS	HOURS MIN.	
4			~ / / / /	MAT COUNTRY 1			9 BALTIMORE CITY O		OF DEATH		
	0	OUNTRY Maryland	usa		MARRIED L	NEVER MARRIED Z	Ballo C	11 - K		MD	
4	10 CI	TY OR TOWN OF DEATH 11.	NAME OF H	OSPITAL, NURSING	HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND C	F BUSINESS OR	
	R	allo mo. or		FACILITY, GIVE STREET ADD	(Ci)le		Retired-			5ec	
	ÜSUA	L RESIDENCE (IF NURSING HOME OF OTH		IVE RESIDENCE BEFORE AD	MISSION)				Natific	au	
	13a S	Md. BAl		Balto.		res 🗌 NO 🕇	13e.STREET ADDRESS / 2240 Vande		Lane 2	1221	
	14 FA	THER'S NAME FIRST	DLE	LAST	15	MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	7	
1		Arnold		dermast	-	Elizabeth			=		
	16a W	(IF YES GIVE W)		66 SOCIAL SECURIT	Y NO. 1	INFORMANT	ADDRI	SS			
	i	ES, NO OR UNKNOWN) (IF YES GIVE W	an on bares,	Unknown		ErnestVanden	mast87Hadlc	ckRd.	Maine	04105	
1		18 CAUSE OF DEATH (Enter Dnly o	ne couse per li	ne for 101, (b), and re	2				BETWEEN	MATE INTERVAL ONSET AND DEATH	
١		PART 1. DEATH WAS CAUSED B IMMEDIATE C	ΥΥ	- 4	Kert	ann.					
		MANTEDIALE		AS A CONSTOURNE	-6.05						
		Conditions, if any, which	DUE TO, OK	AS A CONSEQUENCE	PACAN	schuli Var	enlerdu	143			
1		gove rise to immediate	(0)								
ı		underlying couse last.	DUE TO, OR	AS A CONSEQUENC	TE OF						
		PART 2 OTHER SIGNIFICANT CON	ADITIONS COL	NTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	0	
	Z		10110110 20								
3	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OF	PERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
7	표	THE RESERVE AND ADDRESS OF THE PARTY OF THE					YES TO NOT	YES	ING CAUSES	NO [	
ď	ER	21a ACCIDENT WAS UNDERLYING	21b. TIME OF			216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
71		OR CONTRIBUTING CAUSE OF DEATH		MONTH DAY	YEAR 19						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M			11 LOCATION					
	ME ME	WHILE NOT WHILE	(AT HOME STRE	ET FACTORY, OFFICE FARA	A ETC )	STREET	CITY OR TO	IWN	COUNTY	STATE	
		AT WORK AT WORK	- 44	d	1	131 1082	- 9/9	10)	087-	that (It (we) last	
		220 I certify that (I) (this baspital) sow the deceased alive on above, (I) (we) (did) (did pail v.	91	7/ 19 87	ond.	that in (my) (our) opinion o	death occurred on the d	ate and hour			
		226. SIGNATURE	2		DE	GREE	MEDICAL STA	rr	22c. DATE	SIGNED	
		-00	104			ATTENDING PHYSICIAN [	MEDICAL STA	IAN 🗌	9/	26/50	
		224. PHYSICIAN'S NAME (TYPE OR PR	O D A			20 ADDRESS GOOD		BLD.	71 20	3.	
		S. SKINIVAS	MD			5201 LOCKRAN	EN BLVD	1001111	more HI	101220	
			/			JEOI LOURIENT				0212.374	
		SURIAL, CREMATION, REMOVAL	23b DATE	23c NA		METERY OR CREMATORY	23d LOCATION			0212371	
		SURIAL, CREMATION, REMOVAL	23b DATE		ME OF CEM	AETERY OR CREMATORY			COUNTY	STATE	
	24 FL	SURIAL, CREMATION, REMOVAL	23h DATE 9/29,	/87 Mea	ME OF CEM	dgeCemetery	23d LOCATION	Balti 23 k REGISTR	county more Ma	aryland	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

167190 SEP 50.87 TUDONAL MILE SOUTH 18 03 123 0 8 1 7 3 1 the second of the second of the second water C. Washington State in Commence of the Comme

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

MPORTANT, II II

#### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

ì		REGISTRAR			CERTII	ICAIL OI DEAL		REG. NO	D.			1	
1		CEASED NAME FIRST	M	NIDDLE	ĺ.	AST		20 DATE OF DEATH	MONTH	DAY Y	EAR	26 HOUR	
	TITPE	Charles	V	Villiam	Va	silakis		September	24,	1987		2:32 a	а м
1	3. SEX	(	4. RACE		5. DATE C				HDAY)	IF UNDER	DAYS	IF UNDER 24 I	HRS.
		Male	White			st 4, 192		63	YRS		0413		n ira.
9		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	IED 🗆	9 BALTIMORE CITY O	R COUN	TY OF DEA	TH		
4		ENNSYLVANIA	U.S.A		WIDOWE	DIVORC	ED 🗌	Baltimor					MD.
1	10. CI	TY OR TOWN OF DEATH		IOSPITAL, NURSIN FACILITY, GIVE STREET		OR OTHER INSTITUT	ION	170 USUAL OCCUPATION OF THE OF WORK FOR MOST O				F BUSINESS	OR
		rt Howard	VA Medi	cal Cent	er Ft	. Howard,	Md.	Painte	r.	Co	nst	ructio	on
100	130 S	130 000		GIVE RESIDENCE BEFORE 134. CITY OR TOWN  Baltimo	N	13d. INSIDE CITY LI		13e.STREET ADDRESS / 1530 Charl			116	21224	1
	_	THER'S NAME				15. MOTHER'S MA	DEN NAM	ΛE	0000	111 011		10 110	
١	100		harles	Vasi1	akis	Eva	ngel:	ia.		Ve	rge		
1		VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	IRITY NO.	17 INFORMANT	0	ADDRE	SS		-6-		-
			E WAR OR DATES	220 14 0	129	Clin. Red	ls. V	AMC, Ft. Ho	ward				
100		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per l	line for (o), (b), on	d (c). I		1111			BET	WEEN	MATE INTERVAL INSET AND DE	ATH .
		IMMEDIA	E CAUSE (0)R	espirato	ry Fa	ilure							
-			DUE TO, OR	AS A CONSEQUE	ENCE OF								
	3,4	Conditions, if ony, which gove rise to immediate	( (b) A	dvanced	Chron	ic Obstru	ctive	Pulmonary	Dise	ease			
		couse (0), stoting the underlying couse lost.		AS A CONSEQUE									
						arcinoma							
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									,		
-	CERTIFICATION	19a DATE OF OPERATION	19h CONDI	DITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?	YES, WERE FINDINGS USED				
2	FIC	The Date of Greather	170. CO. 101.					IN CERTIFYING CA				OF DEATH?	
=	ERT	210. ACCIDENT WAS UNDERLYING	1 21b. TIME OF	INJURY		121¢ HOW INJURY	OCCURR	YES NO SED (ENTER NATURE OF INJUR			RT 21	NO 🗌	
ĝ		OR CONTRIBUTING CAUSE OF DEA	HOUR A.A		AY YEAR			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE C		19	21f LOCATION					-		
	WE	WHILE NOT WHILE AT WORK	(AT HOME, STRE	EET, FACTORY, OFFICE F	ARM, ETC.)	STREET		CITY OR TO	WN	COUN	1TY	STAT	E
		22a.1 certify that (#) (this hospi	tol) ottended the	deceosed from_	9-2	3 19	87			19.87	1	hot # (we)	lost
		sow the deceosed olive on obove, (* (we) (did) (did no	9-24	19	87 . 01			death occurred on the do	te and h	our and fro			
		22b. SIGNATURE	view the body o	offer deoth.		DEGREE				224	DATE S	SIGNED	
		floha B	sou.	eat.			IDING	MEDICAL STAR		9.	-24-	-87	
ī		TI DHYSICIAN'S NAME (TYPE C	R PAINT	0	Fall	22e. ADDRESS						-	
		M. BABAR YOU	SAF, M.I	).		VA Medi	cal (	Center, Ft.	How	ard.	Md.	21052	2
	230 B	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION					
		Burial	9-26-8	37 Oa	k Law	n Cemeter	У	Baltimor	e Ba	altim		Md.	
	24 FU	INERAL DIRECTOR	Maddle -	TTLADDRESS	2 77		250	PEDD SY TORY AR	ELEREC	MARIEN	UT OF	JAC .	
	HI	nn S. Matthews, 3021 Eastern A	Matther	timore	Md Hor	1824	OL	20 1001 0					

Maria de extenses

SEP 28 1987 July Substance

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR LAST 20 DATE OF DEATH MONTH DECEASED NAME 75 HOUR YPE OR PRINTI Sept. 4, 1987 **JAMES** Thomas VERNAY & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH 3 SEX 4 RACE May 29, DAY 1908 YEAR 79 White Male 10 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED [ IS CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Towson OfficeFurnitu 135 D Versailles Cir. 21204 Executive USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 1136 COUNTY 13r CITY OR TOWN 135 D Versailles Cir. 21204 13d INSIDE CITY LIMITS? Baltimore Towson NO A Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Seamon Julia Thomas James Vernav Sr. ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 215-05-4563A Helen S. Vernay 135D Versailles Cir. 21204 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (g PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 100 CONDITION FOR WHICH OPERATION WAS PERSORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T CERT 71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from sow the deceased olive an and that in (my) (par) opinion death occurred on the date and hour and fram the couses stated abave, (M (we) (did) (did not) view the body after death DEGREE 776 DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL DIRECTOR PHYSICIAN 7401 Osler Dr. 21204 Wm. Carl Ebeling 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL (SPECIEV)

Woodlawn

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

BP.

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

9-8-87

Baltimore Baltimore Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE

J , J marin de in empoillerin, 110 oryle alione oncon li casalls in 100/ an activities and activities of the state of town it will be in course with the ment of the little in t with the first tenth with a state of the contract of Departed the first of the second of the first of the 7 I T C I . al eli and the second the Statution of the last ic cll- i afai a a fi o a a a a a a a a

poge er deo

urs ofter

physicion npopers. F ŧ

troumotic

other

5

Henrie shows o

Hem 21 is

*

IMPORTANT:

CERTIFICATION

MEDICAL

for use as the burial-transit permit. Then please remove a of Health and Mental Hygiene prior to burial, cremation,

this certificate has been

STATE OF MARYLAND

	CERTIF	ICATE OF DEA	111		REG. N	0.		-1	
	L	AST		20 DATE OF	EATH	MONTH	DAY	YEAR	26 HOUR
		Vine				09	30	87	6:10 a
	5 DATE C		YEAR	6. AGE (IN YEA	RS LAST BIF	YRS	MONTH	DER TYEAR	HOURS MIN.
ITRY?	0	NEVER MARI	SIED 1	9 BALTIMOR Baltim	-	R COUN	TY OF I	DEATH	м
STREET	G HOME O	R OTHER INSTITUT		120 USUAL O	CCUPAT OR MOST	ION	LIFE) IT	KIND C	OF BUSINESS OF
BEFORE	ADMISSION) N MOTE	13d INSIDE CITY L		13. STREET AL	DDRESS UXON	ZIP CO	rt 2	1236	
57		15. MOTHER'S MA	becca		MIDDLE			- EAS	1
SECU	RITY NO.	17 INFORMANT			ADDR	ESS			
7-0	0073	Mrs. Mar	у М.	Vine :	Same				
b', one							I	BETWEEN	MATE INTERVAL ONSET AND DEATH
		t Disease	3			715			Years
oni SEOUE	NCE OF NCE OF							Many	leeks Years
		NOT RELATED TO	THE TERMI	NAL DISEASE	OR CON	DITION	SIVEN I		
VHICH	OPERATIO	N WAS PERFORME	D	200 AUTOR	NO [				NGS USED OF DEATH?
H DA	YEAR	21c. HOW INJUR	Y OCCURRI	ED (ENTERNATI	IRE OF INJU	JRY IN ITEM	S PART I	ORPART 2)	
DEFICE F	ARM ETC )	211 LOCATION			CITY OR TO	NWC		COUNTY	STATE
rom_	Sept.	29 1 and that in (my) (our	9 <u>.87</u> ) opinion d	, ta_Se		30, late and l	198		that (I) (we) las
19_						-		22c DATE	SIGNED
19_	1		NDING SICIAN [	MEDICAL DIRECTOR	STA PHYS1		_	9-	30-8=
19_	n_	ATTE	SICIAN [					9-	30-87

FOR - STATE REGISTRAR

Male

TO BIRTHPLACE ISTATE OR FOREIGN Pa.

10 CITY OR TOWN OF DEATH

Towson

Md. 14 FATHER'S NAME

TYES NO OF UNKNOWN

no

John

3. SEX

FIRST Donald

L. 4 RACE White

Th. CITIZEN OF WHAT COL USA

MIDDLE

NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, GI

Greater Bal USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDEN 136, STATE 136, COUNTY _ 136, CITY ( Balto.

Vine

16b SOCI

226-

13c. CITY C

Conditions, if ony, which gave rise to immediate cause (a), stating underlying cause

Pneu DUE TO, OR AS A CO

Isch

DUE TO, OR AS A CO

Hyper

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)_

Renal Failure 196 CONDITION FOR 190 DATE OF OPERATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

B.P.H. 216. TIME OF INJURY

22a.1 certify that (1) (this hospital) attended the deceased

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

NOT WHILE

saw the deceosed alive on Sept.

Susan Miller, M.D.

HOUR A.M. MON

the bady ofter deat

21e PLACE OF INJURY

AT HOME STREET, FACTORY

22b. SIGNATURE

nour 22d PHYSICIAN'S NAME TTYPE COMMITTED

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR.

ould be detached the State Dept

Burial

23a BURIAL, CREMATION, REMOVAL

Leonard J. Ruck Inc. Baltimore, Maryland

Oct. 2,1987

MIT 2 1087 Julia Dividion Rondoll

The triple of billion

27 (59 St. 21 St. 31 St.

efective of the contract of th

int. Talke, returned a district the control of the state of the state

201

The test of the test of the test of

Neg Bossel

L'yekeelt.

•

*

1 1 1 No. 10

If the limit in the sales are three is being the

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DELEASED NAME 2a. DATE OF DEATH GERTRUDE Flick vonHofe 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3 SEX FEMALE U,Q, WHITE 78 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XVS/A Germany USA BALTIMORE COUNTY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 17h KIND OF BUSINESS OR (Type of work for most of working the)
Ret. Asst. Buyer INDUSTRY TOWSON HOSPITAL Hutalers USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136. COUNTY 137. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 21212 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Regina Franz Debus ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ISE SOCIAL SECURITY NO 17 INFORMANT YES. NO OR UNKNOWN Knoke 1318 Lakeside Ave. 059-09-1296 no 18 CAUSE OF DEATH (Enter only one couse per line for Io), (b) and Ic.
PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoling the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO [ 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21s PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY OFFICE, FARM ETC | AT WORK NOT WHILE 220.1 certify that & (this hospital) attended the exopinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

(SPECIFY) Burial

8

50

the buriol-fra

DHMH - 16 60M 7/84 (VRA 15, 4)

should b

Sept. 23, 1987 Moreland Memorial

234 NAME OF CEMETERY OR CREMATORY

Baltimore

24 FUNERAL DIRECTOR Leomard J. Ruck Inc. Baltimore, Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ica Divider Rudallo

# TO FUNERAL DRECTOR, After this centrificate has been signed by the should be detached for use as the businstitional permit. Then please removed the State Dept. of Health and Mental Hygiene prior to burial, creming the State Dept. of Health and Mental Hygiene prior to burial, creming

IMPORTANT If them 21 is manked on them.

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	-	- COISTRAR					REG. NO	O	-		
1		CEASED NAME FIRST	MIDDLE	I A		2	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1	(TYPE	ORPRINT) WILD	am 0. 4	ValK	en 5,	0,	9-1-2	3)		835	M
1	1.5EX	4. F	RACE	5. DATE O	FBIRTH	6	AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 2.	HRS.
ı	,	Male	Black	WANTH	25-	22	65	YRS	THS DAYS	HOURS	MIN,
1			CITIZEN OF WHAT COUNTRY?	8.4		9	BALTIMORE CITY O		DEATH		
2	C	Md,	7.5. A.	WIDOWE	NEVER MA	RCED	Baltimo	ne Co.	UNTY	/	MD.
4	in Cr	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSIN		ROTHER INSTIT		20 USUAL OCCUPATION		126 KIND O	F BUSINES	SOR
7	Ra	MALISTOWN / E	BATTO CAUNTY	Gener	nal Hasi	eital 1	FONE WAN	WORKING LIFE)	Raily	ned	
4	130 S	AL RESIDENCE (IF NURSING HOME OF OTH TATE 136 COUNTY			13d. INSIDE CITY	LIANITS2 11	Be STREET ADDRESS	. 7IP CODE	-1		
4		md.	roome Baltima	rei		10 💽	1420 Old	Vark!	8d. 2	12/2	7_
А	M.FA	THER'S NAME	DDIE LAST		15 MOTHER'S M	NAIDEN NAMÉ	WIDDLE		1451		
4		UNKNOWN			Man	18	, model	131	unks	•	
7	16e. W	VAS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECT	JRITY NO.	17 INFORMANT		ADDRE	SS		- /	
1	- >	les W.W.	2 217-16-6	473	Inene	R.W	2/Ker 443	20 06 16	MKK	de	
I	1	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B		d ici.	. 0				BETWEEN	NATE INTERVA	AÎH
1		IMMEDIATE C	TOA OI	Fa	Huns						
1			DUE TO, OR AS A-CONSEQU	ENCEOF	1			,			
1		Canditians, if any, which	( 16) Cerch	-0 VO	y Cula	1 0	rceiden	+			
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF							
1		underlying cause last.	Diab	from .		Mell	1; tus				
١		PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO	THE TERMIN	AL DISEASE OR CONE	DITION GIVEN	IN PART TIC		=
1	Ž										
	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORA	AED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED	
	CERTIFICATION		TOTAL NO.				YES NO	IN CERTIFYING	_	NO [	,
7	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AV VEAD	21c. HOW INJU	RY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM TO PART I	OR PART 2)		
1	¥	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.	19							
1	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		CITY OF TO		COUNTY	STA	
1	*	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM ETC )	STREET		CITY OR TO	WN	COUNTY	SIA	16
1	-21	22a. I certify that (I) (this haspital)	Intended the deceased from_	8-	-16	19.87	to 9	/ 19_	12	hat (1) (we	Past
1		dece sed alive an	9-1-9 19	7, and	that in (my) (a	ur apinian dec	ath accurred an the do	ite and havi an			d
1	-0.0	The SIGNATURE	lew the body after death.	, D	EGREE			/	22c. DATE S	SIGNED	_
,		R	1			ENDING	MEDICAL STAP		9-	1-8	2
fl		22d. PHYSICIAN'S NAME (TYPE OR PR	KINT)		22e ADDRESS	73ICIAN []	O THIS	IAI' L			
		Raafat	Girais		15a	eti	ore Co	nety	B	786	7_
1			23b. DATE 23c 1	NAME OF CE	METERY OR CRE	MATORY	23d. LOCATION		,-	-	
		Buria!	9-4-87 1	butu	S Nem.	Birk	Bakino	ne	ALUNCA	MA	i E
	24 FU	INERAL DIRECTOR	ADDRESS A			250 DATE R	REC D. BY REGISTRAR	256-REGISTRAR	SSIGNATI	JRE	
1		Kouddon I	Towlerk 24316	O.O	en St	SEP	9 198/	ulia Den	don. Re	dus	•

Mark Bleck Stern Es-1941 35 A. 153 E. 103 El 103 15 154 153 F. Rentalistania Evan Courter for us at Missian les cours Leinaux PAGE BURGET BURGETONER STATE OF STATE O Linkmann Course 185 - William Strike St. Frence P. Sillian + 450 Capithia tarial getest promosinential terrinores - Ma

Transform Langit Specific Little of SEP 3 1887 July Taken Parties

BP. DHMH - 16 60M 7/ (VRA 15, 4)

06511

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

10	1 87	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	4	
	1. DE (TYPE	CEASED NAME FIRST	35A3 MIDDLE	Wi	ALKINS	20 DATE OF DEATH MON	9 07 87 .	5:30 AM
V	3. SE	F	BLACK	5. DATE O	DAY YEAR S	6. AGE (IN YEARS LAST DETHOA	MONTHS DAYS H	FUNDER 24 HRS
6	Tr	RTHPLACE (STATE OR FOREIGN TO COUNTRY)  IN GOOD WEST Indication of DEATH	B WI  1. NAME OF HOSPITAL, N	MARRIE		BALT, CO	,	MD.
6	1	AL RESIDENCE (IF NURSING HOME OR O	BALT. CO.	E STREET ADDRESS)	asp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	(, 10	Sewood Hospita
34	13a.	STATE 136 COUNT	Y I3c SITY O		136 INSIDE CITY LIMITS? YES NO 1		MUOY RA	21239
0	2		IDDLE WOLLAND SOCIAL	SECURITYNO	Henrieta 17 INFORMANT	MIDDLE	Brow	Nn
2		YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 213-	-603209	Marilyn U	1 1 0 -	04 A Fordle	219h 120
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	ediac	Anest	•	APPROXIMAT BETWEEN ONS	ET AND DEATH
		Conditions, if any, which gave rise to immediate couse (0), stating the	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON	tasta	stic car	ciuona		
	Z	PART 2 OTHER SIGNIFICANT CO	( (c)	Scente	NOT RELATED TO THE TERM	Malif var	ON GIVEN IN PART 110	
4	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED		b. IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES 1	
7	ICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY C	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this haspita saw the deceased alive an abave, (1) (we) (did/(dyd not)	the series of the series of	19 87 , or	nd that in (my) (our) opinian	death accurred on the date of	19 57, the	
1		22b. SIGNATURE	Pupt.	>-/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIG	7/87.
		226 PHYSICIAN'S NAME (TYPE OR	AUPTA		Balto Co	jen-Husp 1	Vandalk-to	m
		Burial, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 9/10/87		ill Cemetery		rundel Co	STATE Md
84		Im. C. March F.H	West 4300 18	Bash Ave	nue 250 DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE	ndail

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

widen. Pa

- STATE REGISTRAR REG. NO DECEASED NAME LAST FIRST 20. DATE OF DEATH MONTH 26 HOUR EUGENE LOYORD WALLACE SEPTEMBER 30 1987 3. SEX 4 RACE 5 DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY IF UNDER 24 HRS MONTH YEAR MALE AUGUST 27. 191 BLACK 70 BIRTHPLACE (STATE OFFOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MARYLAND U.S.A. WIDOWED BALTIMORE COUNTY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FORT HOWARD MEDICAL CENTER MANAGER C&P TELEPHONE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE COUNTY 13c CITY OF TOWN 13d INSIDECITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND ARUNDE ANNAPOLIS YES XX NO HOLECLAW STREET 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST ANIDDLE MIDDLE HENRY WALLACE OLIVE BROOKS WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO BETTY WALLACE 107 Holeclaw St. 17 INFORMANT 11F YES, GIVE WAR OR DATEST YES CLINICAL RECORDS, VAMC, FORT HOWARD WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONTA DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CEREBROVASCULAR ACCIDENT 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from SEPTEMBER 10 SEPTEMBER 87 sow the deceased alive on SEPTEMBER 30 19 87 above, (I) (we) (did not) view the bady after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CAROLINA CUSTODIO, M.D. VA MEDICAL CENTER FORT HOWARD. 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY BURTAL Brooklyn MT. CALVARY CEMETERY 24 FUNERAL DIRECTOR Annapolis, Md. 21401 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WILLIAM REESE & SONS MORTUARY. P.A.

DHMH - 16 60M 7/84 (VRA 15, 4)

ld b ORT

à

00

ā

orked

067812107-087 10-5-145, 14. AND ALL THE REPORT OF THE PARTY OF THE PARTY

- The Heart of the same of the same

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19 6 - that (It (we) last 19 _____, and that in (my) (our) opinian death accurred on the date and hour and from the couses stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY TO DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR

LAST

IF UNDER LYEAR

INDUSTRY

. 30

IF UNDER 24 HRS.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

injury, ar other traumatic event, the

MPORTANT: If Item 2 | 15 morked or Item 18 shalls ony

066995

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL **CERTIFICATE OF DEATH**

LAST

нть	TENTE / 6	U	-1	7	
	REG. NO.				
	20. DATE OF DEATH MONTH	QAY	YEAR	26 HOL	JR
	September 2	4, 1	987	181	4.4
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	1 VE AD	IF UNDER	M
1	73	MONTHS	DAYS	HOURS	MIN.
京	9 BALTIMORE CITY <u>OR</u> COUNT Baltimore Co		ATH		MD.
	120 USUAL OCCUPATION (TYPE OF WORK OR MOST OF WORKING I			Post	ESS OR
5?	13e STREET ADDRESS / ZIP COD 2302 Tarleton		e 2]	L234	
INA	WE WIDDLE		LAS	Bayl	is

1	Augus	tus	Р.	W	alters	september	24, 1987	M
	3.SEX Male	4. RACE White		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 73		
1	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	V.S.A	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	Baltimore C		MD.
	10. CITY OR TOWN OF DEATH  TOWSON		HOSPITAL, NURSIN HEACHTY GIVE STREET MECHTACAT		ROTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK OF MOST OF WORKIN  Mail Carrier		of Business or Post Office
100		OME OR OTHER INSTITUTION COUNTY altimore	Baltimo		13d. INSIDE CITY LIMITS? YES NO 🙀	13e STREET ADDRESS / ZIP Co 2302 Tarleto		1234
	Joseph	MIDDLE T.	Walter	rs	IS. MOTHER'S MAIDEN NAI EÎÎa	MIDDLE	LA	Baylis
		S. ARMED FORCES? (ES. GIVE WAR OR DATES) WW11	215-16-02		17. INFORMANT	ADDRESS Walters, RD1 Bo		03226
		ch (b) (b) DUE TO, O	R AS A CONSEQUE	NCE OF	7422	INAL DISEASE OR CONDITION	GIVEN IN PART 1	10
)	TIO. ACCIDENT WAS UNDERLYIN	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FIND I RTIFYING CAUSES YES	
>	210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOIFY MEDICAL EX.  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that Cathis  220.1 certify that Cathis	OF DEATH AMINER)  P.  21e PLACE (AT HOME, STI  haspital) attended	M. MONTH DAM.  OF INJURY  REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREE  19 d that in (my) our) opinion of the control	CITY OR TOWN  to 9  depth occurred on the date and	COUNTY  , 19  hour and from the	tho (11) we) last e couses stated
1	Alan Shoro	ssky M.D.	1		27.e ADDRESS 1717 Gwynn (	Dak Ave., Woodl	.awn, Md.	21207
	230. BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CHY OR TOWN	COUNTY	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR
STATE
REGISTRAR

FIRST

24 FUNERAL DIRECTOR

067030 SEP 29 8 FOR REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

CERTIFICATE OF DEATH

	IENE		9	1	
	REG. N	10		- 1	
	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	Sentember	24	198	7	12.20p M
1	6 AGE IN YEARS LAST &		JE UN	DERTYEAR	IF UNDER 24 FIRS

	EASED NAME	FIRST		MIDDLE	L	157	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
( I YPE	Phy1	lis	Haz	ρĪ	lal	AMPI FR	Sentember	24 10	927	12.200
3 SE>		14	RACE		5. DATE O	A DE LA CONTRACTOR DE L	6 AGE (IN YEARS LAST BIRT		F UNDER TYEAR	THUNDER 24 MR
	Female		White	0	MONTH	1-1917 YEAR	70		ONIHS DAYS	HOURS MIN
3- 04					1-2	1-1917	70		DEDEATH	
/a BII	RTHPLACE (STATE OR F	OREIGN /b		WHAT COUNTRY?	MARRIED	NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH			
We	est Virgin		U.S.		WIDOWE		Baltimore County			٨
10 CI	TY OR TOWN OF DEA	TH 11			OSPITAL, NURSING HOME OR OTHER INSTITUTION (ACILITY, GIVE STREET ADDRESS)		126 USUAL OCCUPATION 126 KIND OF			OF BUSINESS C
I	Rossville		Franklin Square Hospital			spital	Saleslady		REtire	
13a. STATE 13b COUNTY			ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)				13e STREET ADDRESS /			
	D.	Balti		Baltimo:		13d INSIDE CITY LIMITS?	33 Cedar		_2122	0
	THER'S NAME	Durer	MOTE	Darcino	1.0	15 MOTHER'S MAIDEN NA		DITVE	-2122	V
	FIRST	MI	DDIE	LAST		FIRST	MIDDLE		LA!	51
	Lewis			Bowers		Margaret	ADDRE	G	rimes	
	VAS DECEASED EVER		VAR OR DATES)	216-28-0		17 INFORMANT	15051		ydale	Drive
`				210-20-0	009	Michael A. P	ompa Dale (	lity V	irgini	2
	18 CAUSE OF DEAT	H (Enter only	one couse per	r line far (a), (b), and	d icia				BETWEEN	ONSET AND DEATH
	PART I. DEATH W	AS CAUSED IMMEDIATE	BY.	Cardiopul		v Arrest				
	Sales of the Control	WWWEDIKIE		R AS A CONSEQUE						
TION	911	NIFICANT CO				NOT RELATED TO THE TERM				
CERTIFICATION	19a. DATE OF OPERA	TION	195 COND	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?  YES NOX  YES NOX			
	210. ACCIDENT WAS UNI	CAUSE OF DEATH			AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT ( OR PART 2)	
MEDICAL	21d INJURY OCCUR			OF INJURY	17	211 LOCATION		-		
ME	WHILE NOT WE	THE	(AT HOME ST	REET FACTORY, OFFICE F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that to this hospital) attended the deceased from September 23 , 19 87 , to September 24 19 87 . that (we) last									
220.1 certify that ((this hospital) attended the deceased from September 23, 19										
	226. SIGNATURE	n	. 1 /	oner ocum.		DEGREE		-		SIGNED
		1 am	11tos	en MID	_11_	ATTENDING PHYSICIAN [	MEDICAL STAF	F IAN	19/	24/87
	22d. PHYSICIAN'S N	AME ITYPOR	UL H	a GAN Jun	ים.	22e ADDRESS 9000 Fr	anklin Squan	re Dr.	2123	7
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
-	Crematio	n	9-26-8	37 G	reenmo	unt Cremator	CITY OR TOWN	ro Mo-		STATE
24"F1	UNERAL DIRECTOR	V = 4	20-0	, GI	eemac	250 DA	y Baltimo re rec'd. By registrar	256 REGISTR	AR'S SIGNA	TURE
	212446	11	T	ADDRESS				Lumbs	n-hand	Title :
	John C. Mi	Lller,	inc6	0410 Belai	ir Koa	d-21206 SEP 2	0 190/		•	

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

(B)	REGISTRAR				CEICITI	TEATE OF BEATH		REG. NO	<ol><li>O.</li></ol>			
I. D	ECEASED NAME	FIRST	٨	MIODLE	ı	AST	2a DA	TE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	PE OR PRINT) I .	CARO	E	5	WA	RFEL	0	9/25/	87		5:11	PM
3. 5	EX	7.0	4 RACE		5. DATE C		6. AGE	(IN YEARS LAST BIRT		DER TYEAR	IF UNDER 24	
	FeMAL	_	wh	ite		e 4, 1930 FEAR		51	YRS.		HOURS	MIN.
70.	BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9. BAL	TIMORE CITY O	R COUNTY OF D	PEATH		
	Maryland		U.S.A		WIDOWE	D DIVORCED		LTIMO	IE COU	NT	V	MD.
B	ACT I M	O LE		HOSPITAL, NUI HEACILITY, GIVE ST TUSCP		OR OTHER INSTITUTION	(TYPE C	SUAL OCCUPATION WORK FOR MOST OCCUPATION OF WORK FOR MOST OCCUPATION OF WORLD	ON 121 F WORKING LIFE) IN - Inner	DUSTRY	or Mar	
13a	UAL RESIDENCE III STATE Maryland	13b. COU		GIVE RESIDENCE BE 13c. CITY OR T TOWS	OWN	134 INSIDE CITY LIMITS	? 13e.STF 6 B	REET ADDRESS / Bardeen (	ZIP CODE Court, 2	21204		
14.8	FATHER'S NAME					15. MOTHER'S MAIDEN	NAME					
	Luther	R.		entree	WW F	Treva		L.	Wirtz			
160	WAS DECEASED I		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT			rverne C			
1	No	(# 123.01	The Cartes	216-24	-5792	Rick M. Scz	zerbic	ki, Luth	erville,	Md.	21093	3
	PART I. DEA	TH WAS CAUSI IMMEDIA ony, which	TE CAUSE (a)	9cute	MYDC	ARDIAL II				2 UE	DAKS  ARS	
NOI	1 4 4	stating the couse last.	(c)	4 44 14		NOT RELATED TO THE TE				PART 110	· Obes	SÍT
CERTIFICATION	19a DATE OF O	PERATION	196. CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	206. IF YES, WER			H
EDICAL CERT		AS UNDERLYING [ CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	?1c HOW INJURY OCC			-	OR PART 2)	,	
MED	AT WORK	OT WHILE	17.71	EET, FACTORY, OFF		211 LOCATION STREET		CITY OR TO	wn c	OUNTY	STATE	E
	sow the de	eceosed alive or we) (did no	at) view the body	25	9 <u>87</u> , or	nd that in (my) (our) opini DEGREE  ATTENDING			2			
	JORGE		ARPRINT)	LOVIO	, MD	PHYSICIAN  220 ADDRESS  ST. JOSEPH  76 70 YOR	H /405	CTOR PHYSIC	IAN D	7 6	21204	
230	BURIAL, CREMAT					EMETERY OR CREMATOR	RY 23d	LOCATION				
	(SPECIFY) Bur	ial	9-28-8	37	Dulane	y Valley	п	City OR TOWN	COU		land	ě.
74	FUNERAL DIRECTO		1 2 20 (	,	- waldit	A AGTIEN	USTE BE OD	ANAPISITE AND	AN DECISTRADIS	CHEMAN	Lione .	_

DHMH - 16 60M 7/84

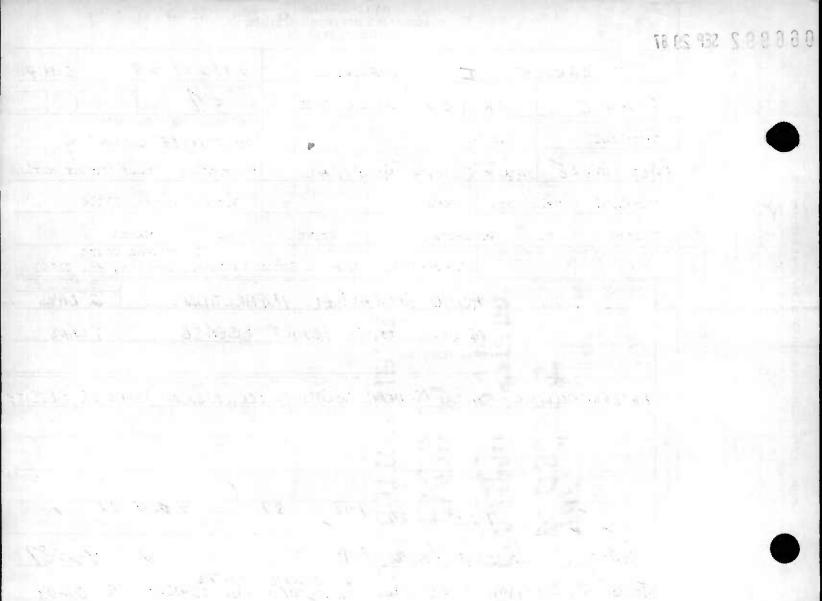
(VRA 15, 4)

BP.

Ruck Towson Funeral Home,

ACORES 1050 York Rd. Inc. Towson, Md. 21204

1



SEP 2.8

### STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND CERTIFICATE OF DEATH

	FOR STATE TREGISTRAR	DEP		EALTH AND MENTAL H	YGIÉNE REG. NO.		
t	1. DECEASED NAME FIRST	MIDDLE	LA	AST	20 DATE OF DEATH MO	NIH DAY YEAR	2h HOUR
1	(TYPE OR PRINT) Victo	r J.	WA	RNER	9	26 87	12:04am
ł	3. SEX	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHD		
1	Male	White	MONTH Dec	. 23 O7	79	MONTHS DAYS	S HOURS MIN.
A	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY OR C	OUNTY OF DEATH	
	Maryland	USA	WIDOWE	NEVER MARRIED DIVORCED	Baltimore (	Situ CE	)
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			120 USUAL OCCUPATION		MD.
1	Baltimore		ter Road		Bookkeeper	ORKING LIFE) INDUSTR' Mill	Mohamenta: work
1	Maryland Maryland	Balti	TOWN	HE INSIDE CITY LIMITS?	367 Colchest		21229
1	14 FATHER'S NAME	MODEL IAS	nelis	IS MOTHER'S MAIDEN F	Marie	Cr	obuski
4	Joseph  Mas Deceased ever in u.s. A		SECURITY NO.	IT INFORMANT	ADDRESS	GI.	CDUSKI
ı		INE WAR OR DATES!	5-4035	Victor J. W	Warner, Jr., 93	339 Furrow	Court
Ì	IE CAUSE OF DEATH (Enter of	only one couse per line for ioi, if	b and h		0		NORSE PATERVAL HONOR LAND DEATH
1		ATE CAUSE TO	yura	lay 10	avene	1	
1		DUE TO, OR AS A ANS	SEQUENCE OF	N) -00		-01.	
١	Conditions, if any, which gave rise to immediate	(b) 000	vance	of age	pur our	meany	
١	couse (a), stating the underlying couse fost.	DUE TO OBJECUCOL	iduningAer	any de	sease		
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	3 TO DEALL PUR	NOT I CAT D TO THE TE	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART	Trai
4	Ď.	mem	und				
2	The Date Of OPERATION  The Date of OPERATION	1% CONDITION FOR W	HICH OPERATION	WAS PERFORMED	YES O NOO	IN IF YES, WERE FIND N CERTIFYING CAUSE YES []	PINGS USED ES OF DEATH?
1	The ACCEPHT WAS INCOME.		DAY YEAR	21c HOW INJURY OCC	URRED JENTER NATURE OF PAULE IN	Earl Control	
1	S OR CONTRIBUTING CAUSE OF D	MAIN TO THE PROPERTY OF THE PARTY OF THE PAR	19				
1	THE INJURY OCCURRED	21s PLACE OF INJURY	MARK SAW SICK	211 LOCATION	cm or fown	COUNTY	state
Į	AT HOME OF NOT HAVE O	TAT HOME SHIEL THE SORT O	PTICEL PROPERTY.	100		9-	7
		pital) attended the deceased f	rom O		7.10	19 0 /	that (I) (we) last
ı	sow the deceased alve of above, (1) (we) (did did i	natiview the body after leath.	190, on	d that in (my) our opinio	on death occurred on the date	and hour and from th	ne causes stated
1	226 SIGNATURE	. 01.		DEGREE		22c. DA1	TE SIGNED OF
	900	comon		ATTENDING PHYSICIAN		VO 7/	29/01
	22d PHYSICIA TOTAL (TYPE	OR PRINT)		22e ADDRESS			
1	Dr. Baraho	na		1101 Maide	en Choice Lane	Marie .	-
	230 BURIAL, CREMATION, REMOVA		23c NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION	COUNTY	STATE
	Burial	9/30/87	Meadowr	idge Mem. Pa		Howard	
	24 FUNERAL DIRECTOR		RESS.		ATE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGN	ATURE
	Hubbard Funeral	Home, Inc., 41	07 Wilke	ns Ave. SE	P 2 9 1987 44	a Dunder Ke	adaels

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is morrell or

# 067169 SEP 30 87 REGIST nal director, page 3 thy filled in the the 2 should be flet --DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2128 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical affects and should be detached for use as the busiol-transit permit. Then please remove callban and the series and a should be detached for use as the busiol-transit permit. Then please prior to busiol, cremotion, all removal with the State Dept. of Health and Mental Hygiege prior to busiol, cremotion, all removal is marked at them the shaws any injury, or other troumatic event, the rigidical examinery. requires that the death certicule TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or offending physicion.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE CERTIFICATE OF DEATH

5

WHILE AT WORK	3. SE	OR PRINT)		AIDDLE	L	AST	20 DATE OF D	EATH MONTH	1 DAY	YEAR	2h HO	UR
Minnetta Catherine Waters  Female  Female  White  S. DATE OF BIRTH  Waters  S. DATE OF BIRTH  Waters  Female  White  S. DATE OF BIRTH  Waters  S. DATE OF BIRTH  Waters  Female  White  S. DATE OF BIRTH  Waters  S. DATE OF BIRTH  S. AGE (SHYTAR, SLAIS BRIDDAY)  B. AGE (SHYTAR, SLAIS BRIDDAY)	3. SE)	Minnetta										_
The BRITPIACE (STATE OFFORCE)  The BRITPIACE OFFORCE			Ca	atherine	W	laters		9	28	1987	150	06
RETHER SHAME RESIDENCE (# NUBBERG GOOD OF CHEER RESIDENCE OF COUNTY)  MARY LAND BEST TOWN OF DEATH  DUNCALK  FIRST  NOON  DUNCALK  DUNCALK		X	4 RACE				6. AGE (IN YEAR	S LAST BIRTHDAY)	IF I			R 24 HR
Marked   Norge   Baltimore   Baltimore   Baltimore   Baltimore   Baltimore   County   Mary   Baltimore   County   Mary   Baltimore   County		Female	Wh:	ite	18 DAY 1909 FAR			78 _Y	'RS	NIHS DAYS	HOURS	MI
Maryland  U.S.A.   WOOWED   DMORCED   Baltimore County  10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   172. KIND OF BUSINE   173. KIND OF			76. CITIZEN OF V	WHAT COUNTRY?	8.	D MEYER MARRIED D	9 BALTIMORE	CITY OR COL	UNTY O	FDEATH		
IDECTION OF DEATH	1	Maryland	U.S	S.A.			Baltin	more Co	ounty	У		
Dundalk  Meridian Heritage    State	10. CI	ITY OR TOWN OF DEATH			G HOME O							
ASSIGNATION NOT CONTRIBUTION OF RESIDENCE FOR ADMISSION   136, ETTY LIMITS?   136, STATE   136,		Dundalk					(TYPE OF WORK FO					
Maryland Baltimore Dundalk VES NOW 66 Shipway/21222  IN FATHER'S NAME RAIDH RAIDH RAIDH REPST RAIDH RE	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)			N/III				-
TATHER'S NAME  RAID  Hendricks  EVa  Strasbaug  Hendricks  EVa  ADDRESS  Balto., Md  218/44/4035  Don C. Waters/2207 Lodge Farm Rd./21219  Balto., Md  Don C. Waters/2207 Lodge Farm Rd./21219  DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse [n], stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOVERNOUS UNDER TO THE TERMINAL DISEASE OR CONDITION GOVERNOUS UNDER TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOVERNOUS UNDER TO THE TERMINAL DISEASE OR CONDITION GOVERNO							66 Shi	DRESS / ZIP (	CODE 1222			
Ralph  Hendricks  Eva  Strasbaug  166 WAS DECEASED EVER IN U.S. ARMED FORCES?  IVES, NOW WARD ROLL SECURITY NO.  171 INFORMANT  ADDRESS  Balto., Md  218/44/4035  Don C. Waters/2207 Lodge Farm Rd./21212  Balto., Md  Don C. Waters/2207 Lodge Farm Rd./21212  Balto., Md  APPROLIZE  PART 1. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (10)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which give rise to immediate out immedia			TIOLE	Durkaik				pvvay/2	1222			_
186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   Balto., Md   187   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   188   18			MIDDLE		ilea			AIDDLE		Stra	chan	ch.
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)   A CULLE   POLY WITH PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (c)   A CULLE   POLY WITH PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (c)   A CULLE   POLY WITH PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (c)   A CULLE   POLY WITH PART I. DEATH WITH BY CAUSE (c)   A CULLE   POLY WITH PART I. DEATH WITH PART I. OR AS A CONSEQUENCE OF Underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.   C)   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. OR CONTRIBUTING CAUSES OF DEATH PART I. OR CONTRIBUTING CAUSES OF DEATH POLY WITH POLY ALONG AND MONTH DAY YEAR PART I. OR PART I. OR CONTRIBUTING CAUSE OF INJURY PART I. OR CONTRIBUTION COUNTY   STREET   ACCIDENT WAS UNDERLYING ALIVE OF INJURY   A WORLD AND MONTH DAY YEAR PART I. OR	Ián W		MED FORCES?					ADDRESS	1			-
B. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   A CULTE   PROLY WAS CAUSED BY:   IMMEDIATE CAUSE (a)   A CULTE   PROLY WAS CAUSED BY:   IMMEDIATE CAUSE (b)   A CULTE   PROLY WAS CAUSED BY:   Conditions, if ony, which gove rise to immediate couse los, storing the underlying couse lost.   DUE TO, OR AS A CONSEQUENCE OF   CONSEQUENCE		YES, NO OR UNKNOWN) (IF YES, GIVE		1611			/2207					
DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if ony, which gove rise to immediate couse Iol, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  198. DATE OF OPERATION  198. CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  198. ACCIDENT WAS UNDERLYING TO ALL WAS USED OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  198. ACCIDENT WAS UNDERLYING TO ALL WAS USED OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  198. ACCIDENT WAS UNDERLYING TO ALL WAS USED OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  198. ACCIDENT WAS UNDERLYING TO ALL WAS USED OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  198. ACCIDENT WAS UNDERLYING TO ALL WAS USED OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  198. ACCIDENT WAS UNDERLYING TO ALL WAS USED OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  198. ACCIDENT WAS UNDERLYING TO ALL WAS USED OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  199. CONTRIBUTION TO ALL WAS USED OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  199. CONTRIBUTION TO ALL WAS USED OF DEATH HOUR A.M. MONTH DAY YEAR PART 1 OR PART 2:0  199. CONTRIBUTION TO ALL WAS USED OF DEATH HOUR A.M. MONTH		IVO		218/44/4	035	Don C. water	.5/2207	Louge I	allil			
DUE TO, OR AS A CONSEQUENCE OF JUMP AND AND AS A CONSEQUENCE OF JUMP AND ASSAULT OF JUMP AND		18 CAUSE OF DEATH (Enter on	y one cause per	/	- 1	0	E	1 -		BETWEEN	ONSET AN	D DE A
Conditions, if ony, which gove rise to immediate couse [o1], stofting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINA				Maile	e a	espiratore	4 / 91	1400	,		1 de	acy
198 DATE OF OPERATION  199. CONDITION FOR WHICH OPERATION WAS PERFORMED  208. AUTOPSY2  210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NOW		Conditions, if any, which gove rise to immediate		R AS A CONSEQUE	NCE OF	Prolymph	relytic	Leu,	Kem	19 1	un	カス
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURED WHILE NOT WHILE AT WORK ALWORK AT WORK CALL CErtify that (I) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  211 LOCATION STREET CITY OF TOWN COUNTY STREET CITY OF TOWN CITY OF TOW		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR  (b)  DUE TO, OR  (c)	ACU RAS ACONSEOUE Chro	NCE OF	Prolymph Cympho	he d	Lenke	Cem empo	9 /	y d	TZ.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURED WHILE NOT WHILE NOT WHILE ALWORK A	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR  (b)  DUE TO, OR  (c)	ACU RAS ACONSEOUE Chro	NCE OF	Prolymph Cympho NOT RELATED TO THE TERM	the L	Leu for condition	Kemu eny o	I IN PART 1	y d	Th.
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURED WHILE NOT WHILE NOT WHILE ALWORK A	IFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  OND IT ION'S CO	A C U	NCE OF THE DEATH BUT		20a AUTOPS	20b. IN C	IF YES, V	VERE FIND NG CAUSE	INGS USI	TH?
22a. I certify that (I) (this haspital) attended the deceased from 50 to 19 to	ERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR  (b)  DUE TO, OR  (c)  OND IT IONS CO	A C U	NCE OF THE DEATH BUT	N WAS PERFORMED	20a AUTOPS	20b. IN C	IF YES, VERTIFYIN	VERE FIND NG CAUSE	INGS USI	TH?
22a.l certify that (I) (this haspital) attended the deceased from 50 to 19 to		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CO. CONTRIBUTING CAUSE OF DEA	DUE TO, OR  (b)  DUE TO, OR  (c)  OND IT ION'S CO  196. COND!  196. HOUR A./	A C U R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH I	NCE OF NCE OPERATION	N WAS PERFORMED	20a AUTOPS	20b. IN C	IF YES, VERTIFYIN	VERE FIND NG CAUSE	INGS USI	TH?
270. I certify that (I) (this haspital) attended the deceased from 19 75 19 7 to 7 19 7 that (I) (we saw the deceased alive on 19 7 and that in (my) (our) opinion death occurred on the date and hour and from the causes sto above, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN [] OIRECTOR PHYSICIAN []		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CC  19b. CONDIT  HOUR A.A.	A C U R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH I	NCE OF NCE OPERATION	N WAS PERFORMED	206 AUTOPS  YES N  RED (ENTER NATUR	20b. IN C	IF YES, VERTIFYIN	VERE FIND NG CAUSE I OR PART 2)	INGS USI	TH?
sow the deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19		Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.  PART 2. OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFE MEDICAL EXAMINER 21d INJURY OCCURRED)  WHILE NOTIFE OF ORDER OF THE COURTED WHILE OF THE ORDER OF THE ORDE	DUE TO, OR  (b)  DUE TO, OR  (c)  OND IT IONS CC  I 9b. COND I  HOUR A. II  HOUR A. II  P. II  21e PLACE C	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH OF INJURY M. MONTH DA  M. OF INJURY	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCURI	206 AUTOPS  YES N  RED (ENTER NATUR	20b. IN C	IF YES, VERTIFYIN	VERE FIND NG CAUSE I OR PART 2)	INGS USI	TH?
above, (1) (we) (did) (did not) view the body offer deoth.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN [] DIRECTOR   PHYSICIAN		Conditions, if ony, which gove rise to immediate couse (o1, stoling the underlying couse lost.  PART 2. OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A./  21e PLACE  (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IT  F INJURY M. MONTH DA  M. OF INJURY  OF INJURY  JOE INJURY  J	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCURI	206 AUTOPS  YES N  RED (ENTER NATUR	20b. IN C	IF YES, VERTIFYIN	VERE FIND NG CAUSE I OR PART 2)	INGS USI	TH?
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D		Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK ALL WORK 22a.1 certify that (1) (this hospit	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A./  P./  21e PLACE  (A1 HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IT  F INJURY M. MONTH DA  M. OF INJURY  OF INJURY  JOE INJURY  J	NCE OF  NCE OF	N WAS PERFORMED  21c. HOW INJURY OCCURI  211. LOCATION STREET  19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19. 7.19.	208 AUTOPS  YES N  RED (ENTER NATUR	Y? 20b. IN C	IF YES, VERTIFYIN YES (	VERE FIND NG CAUSE I ORPART 2)	INGS USI S OF DEA NO	STATE (we) I
122 PHYSICIAN'S NAME (1991 CHIPHIT) 122 ADDRESS		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK ON THE ORDER OF THE O	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  HOUR A./  21e PLACE (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IS  F INJURY M. MONTH DA M.  OF INJURY GET, FACTORY, OFFICE, FA	NCE OF NC	21c. HOW INJURY OCCURI 211 LOCATION STREET 25 19 24 that in (my) (our) opinion	208 AUTOPS  YES N  RED (ENTER NATUR	Y? 20b. IN C	IF YES, VERTIFYIN YES (	VERE FIND NG CAUSE I ORPART 2)	INGS USIS OF DEA	STATE (we) I toted
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK ON THE ORDER OF THE OR	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  HOUR A./  21e PLACE (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IS  F INJURY M. MONTH DA M.  OF INJURY GET, FACTORY, OFFICE, FA	NCE OF NC	21c. HOW INJURY OCCURION STREET  21d that in (my) (our) opinion opegree	208 AUTOPS YES NEED (ENTER NATUR  10 deoth occurred of	IN C	IF YES, V ERTIFYIN YES { M 18 PART	VERE FIND NG CAUSE I ORPART 2)	INGS USIS OF DEA	STATE (we) I toted
Dr. B.C. Veneracion, Jr. 3401 Dundalk Avenue Dundalk, Md. 21222		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE ON CONTRIBUTION (I) (this hospit sow the decrosed olive on above, (I) (we) (did) (did not the source).	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  HOUR A./ P./  21e PLACE ( (AT HOME, STR)  (ol) ottended the	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IS  F INJURY M. MONTH DA M.  OF INJURY GET, FACTORY, OFFICE, FA	NCE OF NC	21c. HOW INJURY OCCURION STREET  21d that in (my) (our) opinion opegree	208 AUTOPS YES NEED (ENTER NATUR  10 deoth occurred of	IN C	IF YES, V ERTIFYIN YES { M 18 PART	VERE FIND NG CAUSE I ORPART 2)	INGS USIS OF DEA	STATE (we) I
		Conditions, if ony, which gove rise to immediate couse tol, storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE ODDOWN, (I) (we) Idid) (did not on obove, (I) (we) Idid) (did not other work).	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.F  21b. TIME OI  HOUR A.F  21c PLACE ( (AT HOME, STRI	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH IS  F INJURY M. MONTH DA M.  OF INJURY SEET, FACTORY, OFFICE, FA  de deceased from  19  ofter death.	NCE OF NC	21c. HOW INJURY OCCURI 21l. LOCATION STREET  21l. LOCATION  STREET  21l. LOCATION  STREET  ATTENDING PHYSICIAN ( 22c. ADDRESS	208 AUTOPS  YES N  RED (ENTER NATUR  deoth occurred of the control	E OF INJURY IN ITE	IF YES, V ERTIFYIN YES ( M 18 PART	COUNTY	INGS USIS OF DEA	STATE (we) I
Burial 9/30/1987 Meadowridge Memorial Park Elkridge, Howard, Md. 5	WEDICAL MEDICAL	Conditions, if ony, which gove rise to immediate couse tol, storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO ON CONTRIBUTING CAUSE OF DEA (HE EITHER NOTIFY MEDICAL EXAMINER ALWORK NOT WHILE ALWORK ALWORK NOT WHILE ALWORK ALWORK OF CO.  27a. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not the signal of t	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.F  21b. TIME OI  HOUR A.F  21c PLACE ( (AT HOME, STRI	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH IT  F INJURY M. MONTH DA  M.  OF INJURY  EET. FACTORY, OFFICE, FA  de deceased from  19  ofter deoth.	NCE OF  DEATH BUT  OPERATION  AY YEAR  19  ARM. ETC.)	21c. HOW INJURY OCCURION STREET  211 LOCATION STREET  22 ADDRESS  3401 Dundalk  EMETERY OR CREMATORY	206 AUTOPS  YES NED (ENTER NATUR  deoth occurred of DIRECTOR NEDICAL  AVENUE  23d. LOCATR	IN CONTROL OF INJURY IN ITE	IF YES, VERTIFYIN YES (	COUNTY  COUNTY  And from the part 2	, that (1) e couses s	STATE (we) I toted
1798 PHYSICIAN'S NAME (THE CHEWIT) 276 ADDRESS		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK ON THE ORDER OF THE OR	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  HOUR A./  21e PLACE (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IS  F INJURY M. MONTH DA M.  OF INJURY GET, FACTORY, OFFICE, FA	NCE OF NC	21c. HOW INJURY OCCURI 211 LOCATION STREET 25 19 24 that in (my) (our) opinion	208 AUTOPS  YES N  RED (ENTER NATUR	Y? 20b. IN C	IF YES, VERTIFYIN YES (	VERE FIND NG CAUSE I ORPART 2)	INGS USIS OF DEA	STATE (we)
		Conditions, if ony, which gove rise to immediate couse tol, storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE ODDOWN, (I) (we) Idid) (did not on obove, (I) (we) Idid) (did not other work).	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.F  21b. TIME OI  HOUR A.F  21c PLACE ( (AT HOME, STRI	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH IS  F INJURY M. MONTH DA M.  OF INJURY SEET, FACTORY, OFFICE, FA  de deceased from  19  ofter death.	NCE OF NC	21c. HOW INJURY OCCURI 21l. LOCATION STREET  21l. LOCATION  STREET  21l. LOCATION  STREET  ATTENDING PHYSICIAN ( 22c. ADDRESS	208 AUTOPS  YES N  RED (ENTER NATUR  deoth occurred of the control	E OF INJURY IN ITE	IF YES, V ERTIFYIN YES ( M 18 PART	COUNTY	INGS USIS OF DEA	STATE (we) I
	MEDICAL	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A./  P./  21e PLACE  (AT HOME, STR  (b) ottended the	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IT  F INJURY M. MONTH DA M.  OF INJURY  EET. FACTORY, OFFICE, FA  e deceased from  19  ofter deoth.	NCE OF NC	216. HOW INJURY OCCURION STREET  211 LOCATION STREET  215 At that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN (1226 ADDRESS)  3401 Dundalk	206 AUTOPS  YES  NED (ENTER NATUR  deoth occurred of the control o	PART OF TOWN  STAFF PHYSICIAN [	IF YES, V ERTIFYIN YES ( M 18 PART	COUNTY	INGS USIS OF DEA	STATE (we) I
	WEDICAL MEDICAL	Conditions, if ony, which gove rise to immediate couse tol, storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO ON CONTRIBUTING CAUSE OF DEA (HE EITHER NOTIFY MEDICAL EXAMINER ALWORK NOT WHILE ALWORK ALWORK NOT WHILE ALWORK ALWORK OF CO.  27a. I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not the signal of t	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A./  P./  21e PLACE  (AT HOME, STR  (b) ottended the	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH IT  F INJURY M. MONTH DA M.  OF INJURY  EET. FACTORY, OFFICE, FA  e deceased from  19  ofter deoth.	NCE OF NC	216. HOW INJURY OCCURION STREET  211 LOCATION STREET  215 At that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN (1226 ADDRESS)  3401 Dundalk	206 AUTOPS  YES  NED (ENTER NATUR  deoth occurred of the control o	PART OF TOWN  STAFF PHYSICIAN [	IF YES, V ERTIFYIN YES ( M 18 PART	COUNTY	INGS USIS OF DEA	STATE (we)

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

067007

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

007 000	0.0	PEGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO		
UUI SEP 4	SOE E	ASED NAME FIRST	MIDDLE	LAS	T .		MONTH DAY YEAR 26 HOUR	
3 ° 5	(TYPE	Sallie	m	14	n ++5		9-25-87 6-551	PM
400	1.5EX		1. RACE	S. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT		
4 96	F	emale	Black	MONTH	2 20	66	YRS DATS HOURS MI	VIN.
2 3000			TO CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
1 15/2		Va	U.S. H.	WIDOWED	D DNORCED [	BALTI MO		MD.
1	Ro	Himore	II NAME OF HOSPITAL, NURSIN		other institution	170 USUAL OCCUPATION INTO STORE WORK FOR MOST OF	WORKING LIFE) INDUSTRY AL /	
35	13a S	L RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 1	13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS /		3
1 38		THER'S NAME			15. MOTHER'S MAIDEN	NAME	-	
SO SO	)		Evans		Mary	MIDDLE	Evans	_
13/2		AS DECEASED EVER IN U.S. AR.		JRITY NO.	Claudius	1 11/0 bstpa	Willing books	9
1 2	-	18 CALISE OF DEATH (Fater on	ly one cause per line for (a), (b), or	ndiesi	<u> </u>		BETWEEN ONSET AND DEA	TH
N MV		PART I. DEATH WAS CAUSE	DBY LIFPA	TIC	CIRRHOS	15		
1 2 2 2		IMMEDIAT	E CAUSE (6)					
de con		Condition 9 111	DUE TO, OR AS A CONSEOU	ENCE OF	ALCOHOLIS	5M		
4 4 4 4 4		Conditions, if any, which gove rise to immediate						
d drag		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF			11-6	
of the party of th			(c)	DE A THE BUILT A	LOT BELLIED TO THE T	EDAMINI AL DISEASE OR CONI	DITION GIVEN IN PART 1:0	=
then g to bu	No	DIABETES MELL	TUS, HYPOTHYPOID	ISM	OT RELATED TO THE TO	ERMINAL DISEASE OR CON	MINOR GIVER IN FART ITO	
To be be	TIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
Z A S O E W	CERT	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	AV VEAD	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM TO PART 1 OF PART 2)	
S = 등을 를	A	OR CONTRIBUTING CAUSE OF DEA	ATPL TO THE PARTY OF THE PARTY	19				
PHYSIC trending r this cer the burio and Ment	MEDIC	214 INJURY OCCURRED	218 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY STATE	E
Afre os nork		AT WORK AT WORK	tal) attended the deceased from	2-2	9-87 10	10 9-25	-87 19 that ++-(we)	last
PO OR:		sow the deceased alive on	0 25 70	0.00	that in (my) (our) opin	ion death occurred on the de	ate and hour and from the causes stated	
ATT DSprid ECTC d to d to m 2		above, (I) (we) (did) (did no	t) view the body after death		EGREE		22c. DATE SIGNED	—
Y the high state of the Core Dep to the Core D		Fearen alles	Choo		ND ATTENDING		1 2550	
Se E G		226 PHYSICIAN'S NAME (TYPE C			22e ADDRESS	11 11 1100101	9	
etoined by to TO FUNERAL should be de with the Stote		FRANCIS 7-	KH00		St-Josep	he Hospital		
O o o o o o o o o o o o o o o o o o o o	23o E	JURIAL, CREMATION, REMOVAL	23b DATE 23c.	NAME OF CE	METERY OR CREMATO	RY 23d LOCATION	COUNTY STATE	
BP	-	SPECIFY BuriAL	10-1-87 C	hurc	h Cemete	RY FARM VI/1	$\epsilon$ , $VA$	1
DHMH - 16 60M 7/84	24 FU	INERAL DIRECTOR	ADDRESS		250		256 REGISTRAR'S 6 IGNATUSE	
(VRA 15, 4)	W	MC, MARCH	F/H 1101EN6	Rth A	venue 3	SEP 28 1987	0	1

At the second se

AND A SECRETAR OF THE PARTY OF

Parties and the second of the second of the second second of the second second

Color and the second and the second

STATE OF MARYLAND STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGINE

ict -	6 ¹ 8	FOR STATE REGISTRAR		DEPARTA	MENT OF HEA	LTH AND ME			G. NO.	0 0	1	
53.14		CEASED NAME FIRST	A	MIDDLE	LAST		1	20 DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
	(1117)	ROBE	ERT	WILSON	WA	YLAND			9	26	87	
	3. SE		4. RACE		5. DATE OF		7 1	6 AGE (IN YEARS L	AST BIRTHOAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS
	]	M	W		1.0	20	18	6	8 yr	MONTHS	DAYS	HOURS MIN.
011		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE CI	110		ATH	
6		W. VIRGINIA	U.S.	Α.	WIDOWED	NEVER MA	RCED	BALT	IMORE			MD
3		ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME OR			12a. USUAL OCCL	JPATION	12b.		BUSINESS OR
de la		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADORESS)  1114 BEACH RD.			21221		CARPEN		IG LIFE) IND	USTRY	
20	(A. 1	AL RESIDENCE (IF NURSING TOME OR STATE 136 COUN	OTHER INSTITUTION. ITY	13t. CITY OR TOW BALTO.	1	d. INSIDE CITY	LIMITS?	13e. STREET ADDR		RD.	21	1221
3	) FA		LAND	LAST	15	. MOTHER'S A	NANCY	AE MID	DLE		LAST	
Color		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT MARGARET WAYLAND - wife - s/a  YES  WARGARET WAYLAND - wife - s/a									/a	
event, t												MATE INTERVAL
ury, or other tre	Z	part 2 Other Significant Conditions Contributing to Death but not related to the terminal disease or condition given in part 110.										
ws ony in	CERTIFICATION	190. DATE OF OPERATION 7-21-97		ION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS						OF DEATH?		
1834		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	FINJURÝ M. MONTH DA	/ 2		RY OCCURR	ED (ENTER NATURE C			RART 2)	
is morked or Hem	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY PEET, FACTORY, OFFICE, F		II. LOCATION STREET		CITY	OR TOWN	со	UNTY	STATE
21 is mo		22a. I certify that (1) (this haspital) attended the deceased from 7 - 20, 19 - 21, 10 - 21, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22, 19 - 22,										
II. If hem		226. SIGNATURE D. R.	DE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9/29/87								
IMPORTANT: IF		David B. Pei	2	ne ADDRESS Baltimore, Maryland 21237 9105 Franklin Square Drive Suite 317								
₹	1	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 9-26-		ETERY OR CR		23d LOCATION	1	COUN		STATE	
/B2	24 FL	UNERAL DIRECTOR NAME State Anatomy	1,070	ADDRESS	lto.,	Md.	25a. DALE	T 0 5 19	7. Fich	Juna	SIGNA A	diplass

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

-1409-150 MARIE 1821 FO

## STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

T -	1-	FOR STATE PEGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 25353  CERTIFICATE OF DEATH  REG. NO.  AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 25353								
'		CEASED NAME FIRST JANIC	EB.	MONTH DA	1,1987 1	HOUR : 18 PM					
	3 SE		4. RACE	5 DATE (		6 AGE   IN YEARS LAST BIR		UNDER 24 HRS			
	b	EMALE	WHITE		H 24, 1918	69					
25	7a. BI	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	OF DEATH	DEATH			
1		RYLAND	USA	WIDOW		BALTIM	COUNTY MI				
8	7	TOWSON	ST. JOSEPH	ST. JOSEPH'S HOSPITAL TYPE OF WORK FOR MOST OF WORKING LIFE) IN TOSE OF WORK FOR MOST OF WORKING LIFE)							
35	13a. S MA	RYLAND DORC	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOV CHESTER HURLOCK		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS A	ZIP CODE EEK RO	AD/21643	3		
GI	13 FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	IMP II		
Kζ	/		NKLIN BAKER		OTTILIE	RO	TSCHAN	TRE			
2	Y	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV ES WWI	VE WAR OR DATES)		MARGARET JEAN						
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:							T AND DEATH		
		IMMEDIATE CAUSE 10) Cran Ny Segar							age		
		DUE TO, OR AS A CONSEQUENCE OF									
		Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL		lynhau	Copena		74-	,		
	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2									
	Į į	5 Bilian dotricke due o lagrana									
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATIO	ON WAS¥ERFORMED	20a AUTOPSY?		WERE FINDINGS ING CAUSES OF			
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	RT 1 OR PART 2)			
	MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
		saw the deceased alive an	attal) attended the deceased fram,		nd that in (my) (aur) apinian	death accurred an the d	ate and haur	/	t (I) (we) last ses stated		
		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN 9/9/1/2									
		22d PHYSICIAN'S NAME (TYPE OF	A Serpice		220 ADDRESS 76 26 46-1	IL Ad T	14/1_	~7	2/200		
		BURIAL, CREMATION, REMOVAL BURIAL			EMETERY OR CREMATORY VASHINGTON CEM	23d LOCATION CUTY OR TOWN HURLOCK	DORC	HESTER	MD ^{STATE}		
B4		uneral director LLER FUNERAL HO	OME, EAST NEW MA	RKET,		E REC'D. BY REGISTRAR		AR'S SIGNATURE			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

the A. M. and A. and A. Director of the Market of the Market of the Conference of th

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

067800

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARRYGIENE

5 5

	1 - 9	OR STATE REGISTRAR		DEPART		HEALTH AND MENTARY OF ICATE OF DEATH	REG. NO.				
Ī	DECE	ASED NAME FIRS		WIDDLE		LAST		DAY YEAR 2	2b HOUR		
	TYPE OR	PRINT)	Len Royst	Royston King Weis			Sept. 29 1987				
3	SEX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)				
	Fe	male	Wh	ite	- Ji	lly 12 1898	89 YRS	MONTHS DAYS	HOURS MIN		
7	COU	HPLACE (STATE OR FOREIGN Tyland		F WHAT COUNTRY?	2 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Baltimore Cour		M		
4		OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 308 Chapelwood			126 USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WORKING LII  Homemaker	126 KIND OF INDUSTRY	BUSINESS OR		
01	30 ST/	RESIDENCE (IF NURSING HO ATE 136 ryland B	ME OR OTHER INSTITUTE COUNTY altimore	I3c CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	308 Chapelwood	Lane, 2]	L093		
> 1'		HER'S NAME FIRST Arence	MIDDLE	King		15 MOTHER'S MAIDEN NA Emily	Norwood	Flahar	rty		
10	d WA	S DECEASED EVER IN U.	S ARMED FORCES			17 INFORMANT	ADDRESS				
	[123	No	S, GIVE WAR OR DATES)	212-09-	9725	Margaret N	W. Dulaney, 308 Chapelwood Lan				
F	11	PART I. DEATH WAS C	er only ane cause p	er line for (a), (b), ai	nd Ici. i	Timonium.	Maryland 21093	APPROXIM? BETWEEN ON	ATE INTERVAL		
Г			AUSED BY. DIATE CAUSE (0)_	Acute C							
	P	Conditions, if ony, which gave rise to immedia cause to stoting the underlying cause to ART 2 OTHER SIGNIFIC.	DUE TO.	Mitral OR AS A CONSEOU Rheumat CONTRIBUTING TO	50 years						
	S S	Aţril	fibrillat	ion							
	CERTIFICATION	a DATE OF OPERATION	196 CON	ndition for which operation was performed			206 AUTOPSY? 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [				
	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE (IFETHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURED		OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18, F	PART 1 OR PART 2)			
	WED!	WHILE NOT WHILE TWORK AT WORK	CATHOME	E OF INJURY STREET, FACTORY, OFFICE,	F INJURY ET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
	220.1 certify that (I) this hospital) attended the deceased from 7, 1982, to 9, saw the deceased alive on 9/28/ 19 87, and that in (my) (our) opinion death occurred an the date and hour above (I) well did ) and not view the body after death								out (I) (we) las ouses stated		
,	2	Donald Woo	no	900	٠	DEGREE NOT NOTING	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SI	GNED		
	2:	20. PHYSICIAN'S NAME	YPE OR PRINT)		22e ADDRÉSS	Drive, 21093		/			
2		RIAL, CREMATION, REMO CIPY Chation	23b. DATE 9/30	)/87   ^{23c} W		ew Crematory	23d LOCATION CHYOR TOWN  Catonsville	Balto.	STATE Md.		
		ERAL DIRECTOR LANGE	on, 10 W.	Padonia		25a. DA1	E REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATUR	RE moletic		

DHMH - 16 60M 7/B (VRA 15, 4)

06,561.4

STATE OF MARYLAND	8 7
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF BEATH	

P	1 - STATE  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.											
		CLASED NAME FIRST	WIDDLE			AST	2a DATE OF	26 HOUR				
	( IABE	Roy	W.		Wenger			9-	8-	- 87	7:30PM	
	3 SEX	X	4. RACE 5 DATE C				6 AGE (IN YE	ARS LAST BIRTHD		ONTHS DAYS	IF UNDER 24 HRS	
4		Male	White		MONTH	2 1916	71		YRS	ON INS	HOURS MIN,	
5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMOR	RE CITY OR C	OUNTY	OF DEATH		
2		yton, Va.	USA		WIDOWED DIVORCED		Balt	timore	Cour	nty	MD.	
)		alto. County	(IF NOT IN SU	HOSPITAL, NURSING CHEACHLITY, GIVE STREET A	DDRESS	e Apt. C	17a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Painter—Clinton C. Dick Painti					
3	130 S Ma:			GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NOTE	13. STREET A	DDRESS /Y	Place Pl	300ont	ractor t. C.	
2	4 FA	John R	euben	Wenger		15. MOTHER'S MAIDEN NAME FIRST		rginia		Weaver	Ţ	
	Ióa V	VAS DECEASED EVER IN U.S. AR			ADDRESS			21234				
	- (1	YES NO OR UNKNOWN) (IF YES GIV	II	Trepresentation   217-09-7118   Ethel M. Wenger 6614 Ellsmere Pl.Apt.							pt.C	
	CERTIFICATION	gave rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED										
7	TIFIC						YES NO YES T			OF DEATH?		
7		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	TH HOUR A	DF INJURY .M. MONTH DA .M.	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
	MEDICAL	2 Id INJURY OCCURRED  WHILE ONT WHILE OF WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC	2H LOCATION STREET		CITY OR TOWN		COUNTY	STATE	
		270-1 certify that (1) (this hospital) attended the deceased from										
7		226. SIGNATURE  LONG OF  226. PHYSICIAN'S NAME (1YPEO	harley R PRINT)	nus		ATTENDING PHYSICIAN 1		STAFF PHYSICIAN		221. DATE	T 1027	
Н	22- 0	Samuel I. O'Ma				8405 Loch	Raven I		Balto	o., Mar	yland	
	230. B	BURIAL, CREMATION, REMOVAL	23b. DATE	Co		of Faith		DRIOWN	1+ime	COUNTY	STATE Day	
	24 FL	Burial UNERAL DIRECTOR	9-11-87			To the same	E REC'D. BY RE			ore, Ma		
	1 -	NAME	11.	THES!	Belk	ILE ICO.	E A	4007	/ /	- 6 -	<b>A</b>	
	1	essaha runets	Man	e 04L	10.	1d.21236 Q	EP 14	148/ 1/	Llia	Lenders	and all	

				73	SEP 15
				490	
dance exerci-				· · ·	
military will by models, executing	1 .00			COMMON A. COMMON	
the idea contract the said			986tHJTi	in the late	
Military santificial	(Eally)				
gradus moster slob skyre		3			
		~			
F 72- 1 - 10 - 10					
		-1 IL .L	• •		
Bales were	147 -		1	Limin	
SEP 4 4 1007 1 438	100	140	siled via		

MPORTANT, II III

DHMH - 16 60M 7/84

(VRA 15, 4)

66931

SEP 28

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE

5 3 5

	REGISTRAR				CERTIF	ICATE OF DEATH	REG: N	10.		1	
	CEASED NAME	FIRST	- 7	MIDDLE	L	IAST	20 DATE OF DEATH	MONIH DI	AY YEAR	2b. HOL	JR
	E ON PRINTS	Gertri	ude WHE	EATLEY			September	24, 198	87	4:10	M GC
1 SE	X		RACE		5. DATE C		6 AGE (IN YEARS LAST BE		FUNDER I YEAR		
	Female		White	е		ch 22, 19 <b>9</b> 7	80	YRS.	DATE DATE	1100113	MIN.
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	Maryland			USA	WIDOWE		Baltimore	County			MD.
10 C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND C		ESS OR
	Rossville			lin Squar		pital	Housewif			Hom	e
	AL RESIDENCE (IF NURS	NG HOME OF O	THER INSTITUTION		ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
	Maryland		imore	Dundalk		YES NO K	2917 B D		Road	212	22
14 F	ATHER'S NAME		DDIE	LAST		15 MOTHER'S MAIDEN NA					
	Michael	MI	DOLE	Memme	1	Anna	WIDDLE		Dwyer		
	WAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDR	ESS			
(	NO OR UNKNOWN)	(IF YES GIVE V	WAR OR DATES)	214-74-4	800	Eileen Meye	rs 1946 Hol	born R	Road 2	21222	
	18 CAUSE OF DEATH	H (Enter anly	ane cause per	line far (a), (b), and	dic i				APPROX	ONSET AND	RVAL
	PART I. DEATH W	AS CAUSED	BY Car	diopulmoi	nary	Failure					
		IMMEDIATE							177		
			DUE TO O	R AS A CONSEQUE DSTS	NCE OF						
	Canditians, if any,		19,0	7313							
	gave rise to imm		LOUIS TO O	DAS A CONSSOUR	NICE OF				100000		
	underlying cause		Pne	umonia,	Urina	ry Tract Infec	ction				
	PART 2 OTHER SIGN	NIFICANT CO				NOT RELATED TO THE TERM		DITION GIVE	N IN PART 1	0	
Z				ere Malni							
CERTIFICATION	190 DATE OF OPERAT	ION				N WAS PERFORMED	20a AUTOPSY?		WERE FINDI		
HE							YES NOW	IN CERTIFY YES	ING CAUSES	OF DEA	
E	21a. ACCIDENT WAS UND	ERLYING	21b. TIME O	F INJURY		21c HOW INJURY OCCUR	A				
17.45	OR CONTRIBUTING			M. MONTH DA							
MEDICAL	(IF EITHER NOTIFY MEDIC		P. 21e PLACE		19	21f LOCATION					
ME	WHILE   NOT WH	UE 🗍		REET FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TO	NWC	COUNTY		STATE
	AT WORK AT WOR	ik	la constant de		Sente	ember 14,,87	Septemb	er 24.	87	at a salt o	- 11 - 4
	saw the decease abave, No (we) (d	d alive on	eptembe	r 24 19 8	77	nd that in ( ) (aur) apinian			and from the		(we) last ated
	22b. SIGNATURE	101 (4 (4 1 21)	view the body	atter death.		DEGREE			22c. DATE	SIGNED	
	alerel.	Ton	70	<b>(</b> )		ATTENDING PHYSICIAN	MEDICAL STA		9/	24/0	7
	22d. PHYSICIAN'S NA	ME (TYPE OR F	PRINT)	<i>P</i>		22e ADDRESS		2.00	1/	1	•
	Angel T	orano	, M.D.			9000 Frank	clin Square	Drive	, 2123	7	
	BURIAL, CREMATION,					EMETERY OR CREMATORY	23d LOCATION		3 flux 7		STATE
	(SPECIEY) Buria					Heart of Jes		timore	_		
24. F	UNERAL DIRECTOR	Duda-	Ruck F	uneral H	me of	Dundalk 250 DAT		1/ . ~			
		7922	Wise A	ve. Durida	TK 'M	21222 SE	P 25 1987	Julia Da	widon-K	indall	6

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT A HYDIENE 066851 SEP 25 87 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN DE MONTH LIMPE OF PRINTS Wheeler DEATH MATER Helen M. 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 26. DATE EAST BIRTHDAY) PRONOUNCED April 17 01 86 White Female DEAD 76. CITIZEN OF WHAT COUNTRY? TA BIRTHPLACE CHIATEOR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTYY U.S.A. Baltimore County New Jersey WIDOWED & DIVORCED [ IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY G.B.M.C. Own Home Homemaker Towson AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) A STATE 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS 11 COUNTY 13c CITY OR TOWN 615 Wynnewood Rd. 1915 Penna. Phila. YES X NO [ 15. MOTHER'S MAIDEN NAME **WARKE** MIDDLE Breden Jessie Emery Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Arthur E. Wheeler Ruxton, Md. 183-20-1845 No 18 CAUSE OF DEATH (Enter only one cause per implar (a), (b), and (c BETWEEN ONSE VAND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN E. WRITING THE WONE RWARDED TO THE CHEF NO SEPACE 3 SHOULD BE USED A THE DEPARTMENT OF HEA 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION

20. AUTOPSY? YES

COUNTY

CITY OR TOWN

NO D

22e. I certily that I taak charge of the remains described obave, held an Autopsy Inspection ond in my apinion Suicide . deoth resulted from Hamicide Undetermined monner Accident

STREET, FACTORY, FARM, ETC.)

AT WORK AT WORK

ACTUAL

Charles F. O'Donnell MD. ADDRESS. EXAMINER'S NAME

7501 York Rd., Towson, Md. TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

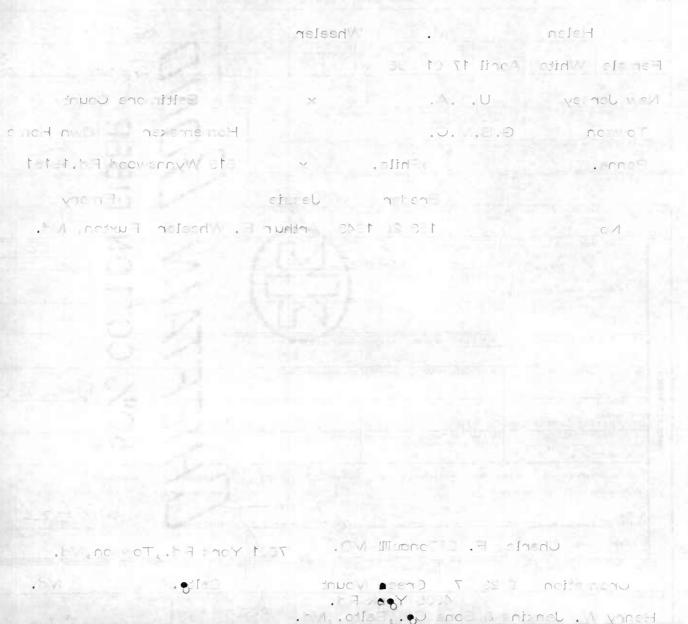
Balte. Md. Cremation 9-23-87 Green Mount 24 FUNERAL DIRECTOR 4905 York Rd. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Henry W. Jenkins & Sons Co., Baito., Md.

DHMH - 17 VR ALS METS

ULD BE FOR

AGE 4 SHOU D FUNERAL C FTER DEATH ALTIMORE, M



18

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) Carl White 14 1987 James Sept. 5. DATE OF BIRTH 4 RACE 3. SEX MONTH Male White Sept. 16 1919 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN L CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED Balto. County Maryland
10 CITY OF TOWN OF DEATH WIDOWED 12b. KIND OF BUSINESS OR City Service 42 E. Timonium Rd., 21093 Building Opera-Timonium tions Management Maryland Baltimore Timonium 13d. INSIDE CITY LIMITS? 42 E. Timonium Rd., 21093 YES 🗍 NO TX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Murray Joseph White Elsie James ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes NO OR UNKNOWN) 216-03-6110 James F. White, 1945 Monkton Rd., 211111 18 CAUSE OF DEATH lEnter only one couse per line for ial, (b), and ic: Respiratory failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) COPD - 10 years 10 years Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Bronchogenic carcinoma 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC 1 AT WORK NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from 87 _, and that in (my (our) apinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Donald O. Wood, M.D. York & Greenmeadow Drive, 21093 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) Md. Parkville Parkwood Cem. Burial 9/18/87 Balto. SEP 1 8 1987 Auto Acid A 24 FUNERAL DIRECTOR

0 W. Padonia Rd.

Lawson

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2110

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

3 2 2 2

		REGISTRAR			CERTII	ICATE OF DEATH	REG. NO	).		
7		OR PRINT	RST	MIDDLE		LAST	20. DATE OF DEATH	AONTH D	AY YEAR	2b HOUR
	litte	Dorothy	G.	Bradley		Wilhelm	Septembe:		1987	М
	3. SEX	(	4 RACE		5. DATE (		6 AGE (IN YEARS LAST BIRT	HDAY)	FUNDER I YEAR	IF UNDER 24 HRS
-	1	Female	Whi	te		ne 24, 1916	71	YRS		
1		RTHPLACE (STATE OR FOREI	IGN 76 CITIZEN	OF WHAT COUNTRY?	8	D M NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
2		Maryland		USA	WIDOWI	DIVORCED	Baltimore			MD.
1	10 CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO			F BUSINESS OR
1		Baltimore		Alvah Aven			Housewife			Home
1		AL RESIDENCE (IF NURSING )	HOME OR OTHER INSTITU	JTION GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	VALUE OF	
1		Maryland	Baltimor			YES NO X	7312 Alval		2122	2
21	14 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS'	1
X,		Harry	L.	Bradle	y	Mary	M.	E	Burmeis	ter
1		AS DECEASED EVER IN I			RITY NO.	17 INFORMANT	ADDRES	S		
	IY	NO OR UNKNOWN) (11	FYES, GIVE WAR OR DAT	214-24-5	492	George G. W	ilhelm, Sr.	Same	as 13	e.
		18 CAUSE OF DEATH	nter only one cous	e per line far (a), (b), an	d (c) i		,	- 77	BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (c	, Carcin	iom.	a of the a	olon		5	mos
	100		DUF TO	O, OR AS A CONSEQUE	NCEOF	0				
		Canditions, if any, wh	nich (	b)						
		gave rise to immedicause tai, stating		O, OR AS A CONSEQUE	NCE OF				1 1 1 5	
		underlying cause I	ast (	:)		Street, Street				
	_ [	PART 2. OTHER SIGNIFIC	CANT CONDITION	S CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 110	
	CERTIFICATION									
1	ICA	19a DATE OF OPERATION	19b. CC	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
	RTIF						YES NO	YES		NO []
7		210. ACCIDENT WAS UNDERLY	11011	ME OF INJURY R. A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PA	R1 1 OR PART 2)	
1	CAI	(IF EITHER NOTIFY MEDICALE	XAMINER)	P.M.	19					
	MEDICAL	21d INJURY OCCURRED		ACE OF INJURY ME STREET, FACTORY OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
	-	WHILE NOT WHILE			0					
		22a I certify that (1) (thi			Ju	nl	_ to please	1		that (II (we) last
		saw the deceased a abave, (1) (we) (did)	did nat view the	pady after death.	P . 0	nd that in (my) (our) apinian	death accurred on the da	te and hour	and from the	causes stated
		226 SIGNATURE	· 10 \	_		DEGREE	MEDICAL STAF		22c. DATE	SIGNED
		Jan	all-	noun			MEDICAL STAF		19-	14-17
1	10	David P	Zajano,	мр		9000 Frank	clin Square	Drive	21237	
								שוועפ	61637	
		URIAL, CREMATION, REA				CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	74 EL	Burial  INERAL DIRECTOR	9-1	6-87	ak La	awn	Baltimo			LIDE
	24 PL	NAME NAME				of Dundalk 250. DAT	4 0 4005	A . 4	AR S SIGNAL	UKE
			7922 Wis	e Ave. Dunc	alk,	MD 21222 SEF	18 1987	Julia of	cordiani	andres

DHMH - 16 60M 7/84 (VRA 15, 4)

•

	4 E	or p	
	Poge	direct,	and the second
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 maretained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director p should be detached for use as the burial-transit permit. Then please remove carbonipopers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the medical examiner must be indiffed at any injury.
	p -a	within	9
a HO	S.	by filed	E /
0 21	4 hou	ed in	3
Z S	hin 2	shoy	- B
ARY	1	Selection of the select	No.
Ĕ,	1		00
Q ¥	6) X	Pogo	med
E A	ote b	pers.	=
	THE STATE OF THE S	phy emov	event
NO N	th ce	corb	notic
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	de	nove otion	troun
a. ≩	of the	se rer	other
201	es th	pleo priol,	, 00
RDS,	edoir	Then to b	injury
O O	W C	rmit.	oux (
AL R	The I	e hos	hows
	Physic	-tron	18
O Z	YSIC	s cert ouriol	T Hen
VISIO	3 PH	the bond	kedo
ā	NO	After se os	TOE
	TTEN	for of H	21 is
	A AC	ched ched	Hem
	TAL (	deto deto	±
	OSPI ed b	UNE Id be	RTA
	TO HOSPITAL OR ATTENDING PHYSICIAN; The I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicic should be detached for use as the buriol-transit permit. Then please remove corbadipoper with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or removal.	MPO

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

066 \$

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.			
	CEASED NAME	FIRST	1	MIDDLE	-	AST .	2a DATE O	FDEATH	MONTH	DAY YEAR	26 HO	UR
8		vid	U.		WILL	ARD Jr.	Sent	ember	14.	1987	5:3	5n M
3 SE			RACE		5 DATE C	OF BIRTH		YE ARS LAST BIR		IF UNDER 1 YEA		ER 24 HRS
Ma	le		White		7-3-	11	76		YRS	MONTHS DATS	HOURS	MIN.
	IRTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMO	DRE CITY C		TY OF DEATH		
	ston Mass		U.S	٨	WIDOWE	D NEVER MARRIED [  ED [  T]  DIVORCED [	_	imore	Cour	+1/		MD.
	ITY OR TOWN OF DE		1. NAME OF	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	12a USUAL	OCCUPATI	ION	126 KIND	OF BUSIN	
1	Baltimore			H FACILITY, GIVE STREET A				RK FOR MOST C	DF WORKING	A.A.		
USU	AL RESIDENCE (IF NUI	ISING HOME OF O	THER INSTITUTION.		ADMISSION)	1	Buyer					
	Md.	136 COUNT		13c CITY OR TOWN		134 INSIDE CITY LIMITS?						
	ATHER'S NAME	Balti	more	Baltimo	ore	YES NOTHER'S MAIDEN N		Saint	Pati	rick Roa	=2	1206
1	FIRST		DOLE	LAS1		FIRST	.,	MIDDLE			AST	
-	DAvid		ton	Willard		Helen	Α.	ADDRE	Jone	0.5		
	WAS DECEASED EVE		WAR OR DATES	166 SOCIAL SECUR	RIIY NO.	17 INFORMANT						
	No			022-03-04	469	David A. Wi	llard 8	03 E.	34tl			
	18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), and	licui					BETWEEN	XIMATE INTO	ERVAL ID DE ATH
	PART I. DEATH	IMMEDIATE		Acuto Rio	ht C	arotid Bleed	ina					
	Conditions, if on gave rise to in couse (0), stat	imediate ing the	DUE TO, O	Metastası tumor M RAS A CONSEQUE	ass NCE OF	ear all Sarci in Right Cer	Vical A	n Neci rea	rotic			
	underlying cous	e last	(c)									
Z	PART 2 OTHER SIC	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEA	SE OR CON	IDITION	SIVEN IN PART	110	
CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		YES, WERE FIND		
1 🖺							YES 🗇	ПОИ		TIFYING CAUSE YES []	NO I	
1 1	71a. ACCIDENT WAS U	NDERLYING	21b. TIME C			21c HOW INJURY OCC			JRY IN ITEM I	B PART I OR PART 2)		
6	OR CONTRIBUTING			M. MONTH DA		1						
MEDICAL	(IF EITHER NOTIFY MEI		P.		19	211 LOCATION						
MEI		VHILE		REET FACTORY, OFFICE, FA	ARM ETC )	STREET		CITY OF TO	NWC	COUNTY		STATE
	AT WORK AT W	ORK			onto	mbon 1/1 9	7	epteml	how 1	410 87		-
	22a.1 certify that (	X(this hospito	ol) attended the	e deceased from 2	07	nd that in (My) (our) opinion	, , ,					(we) lost
	obove, (IXIwe)	(did) (dydycy)	view the body	after death.	0/0		on death occurr	ed on the d	ote ond h			
	226. SIGNATURE	11	milk			DEGREE		67.4		22c DA1	E SIGNED	15-
	5	11				ATTENDING PHYSICIAN		STA		13/	14	100
1	22d PHYSICIAN'S					22e ADDRESS						
	Adam Fa	ill, M	.D.			9000 F	ranklin	Squar	re Dr	rive 21	.237	
23a	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	IAME OF	CEMETERY OR CREMATOR	23d LOC	ATION TY OR TOWN		COUNTY		STATE
	Burial		9-17-8	7 Par	kwoo	d Cemetery	Bal:	timore	e, Mar	yland		
24 F	UNERAL DIRECTOR			ADDRESS		75a D	ATE REC'D. BY	REGISTRAR	236 REG	ISTRAR'S SIGN		
Jo	ohn C. Mil	ler, In	nc641		Rd:	21206   SE	P171	987	Gulia	Dandson.	Kanda	A.B.

10 FUNERAL DIRECTOR: should be detoched for us with the Stote Dept. of He MPORTANT. If hem 21 is

BP

DHMH - 16 60M 7/

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 5

5 6 4

REGISTRAR				CERTII	ICATE OF DEAT	H ·	REG. NO	D.		
I. DECEASED NAME	FIRST	M	IDDLE	l	AST		a DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	The	e Rev. Pie	erce Main W	Villaro			9-13-87			1745
3 SEX	1	4 RACE -		5. DATE C			AGE (IN YEARS LAST BIR	HDAY)	FUNDER I YEAR	IF UNDER 24 HRS
Male		Caux	casian		/98 DAY	EAR	89 ,	YRS	OMINS DATS	HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF W	VHAT COUNTRY?	B AAA DDIE	NEVER MARR	ED 7	BALTIMORE CITY O	R COUNTY	OF DEATH	
Maryland		. U.S.A.		WIDOWE			Baltimo	re Cou	inty	M
CITY OR TOWN OF	EATH		OSPITAL, NURSIN		OR OTHER INSTITUT		2a USUAL OCCUPATE	NC	126 KIND C	F BUSINESS OF
Ramballstow	n		e County C		Hospital		Chaplain -	WORKING EIFE	V.A.	Hospita
USUAL RESIDENCE (IF N	ITSING HOME OF C	THER INSTITUTION C		ADMISSION)	134 INSIDECITY LI	AA ITS2	3e STREET ADDRESS	7IP CODE	21	133
Maryland		timore	Randallst		YES NO		6 Cassandra			
14 FATHER'S NAME		NIDDLE	LAST		15 MOTHER'S MAI		MIDDLE		1AS	
Clinton B.		NODIE	LASI		11631	Catheri	ine Main		LAS	51
160 WAS DECEASED EV		AED FORCES?	166 SOCIAL SECU	RITY NO.			elle Willard	SS		
Yes		and WW11	213-38-7	289	6 Cassand	ra Chur	t	Randalls	stown Ma	ryland 21
18 CAUSE OF DE	ATH (Enter anh	y one cause per l	ine for (a), (b), and	d (c).)						MATE INTERVAL
PART I. DEATH		Ó BY: E CAUSE (o)	CARI	DIRO	C ARI	PES.	1			
	IMMEDIATE									
Conditions, if o	ov subieb	1	AS A CONSEQUE	NCE OF						
gave rise to	mmediate	(b)								
underlying co		DUE TO, OR	AS A CONSEQUE	NCE OF						
		(c)		-						
	GNIFICANT C	onditions <u>co</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE OR CON	DITION GIVE	N IN PART 1	a
19a DATE OF OPE	PATION	TIPL CONDIT	HONE FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	TON IE VES	WERE FINDI	NCS LISED
DATE OF OFE	KATION	176 CONDIT	TION FOR WHICH	OFERATIO	N WAS PERFORMED			IN CERTIFY	ING CAUSES	OF DEATH?
21a ACCIDENT WAS	DIDERIVE C	21b. TIME OF	TIN LIN LOV		Tal. How bulley	0.5511005	YES NO	YES		NO 🗌
OR COLUMNITATIO				AY YEAR	ZIC HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	Y IN ITEM TE PA	RT I OR PART 2)	
(IF EITHER NOTIFY A				19						
(IF EITHER NOTIFY NOTIF		21e PLACE C	OF INJURY ET, FACTORY OFFICE, F	ARM ETC )	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
AT WORK AT	WHILE ORK			10		17				
22a I certify that		al) attended the	deceased from	2	7, 19	0 7	_, 10_ 9-13		0 4	that (I) (we) los
sow the dece obave, (1) (we	osed alive on_ ) (did) (did not	) view the bady o	ofter death.	, ar	nd that in (my) (aur)	apinion de	eath occurred an the de	te and hour	ond fram the	causes stated
226. SIGNATURE	VIII	1521			DEGREE				22c. DATE	SIGNED
1	WIN				ATTEN PHYS		MEDICAL STAI		19-	13-17
22d. PHYSICIAN'S	NAME (TYPE OR		/		220 ADDRESS			. 1		
KEN	NETH	W.11.	1800		Bar	10 C	O. Gen,	105	0	
23a BURIAL, CREMATIC	N, REMOVAL	123b. DATE	[ 23c. N	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION			
(SPECIFY) Burial		9/16/8			en Cemetery		Cettysburg	Norma	COUNTY	STATE
24 FUNERAL DIRECTOR	Lovin					25e DATE			AR'S SIGNAT	
NAME O	TYLLE		neral Dire			SFF				
0/28 Liber	LY KOBO	ramalist	own Maryla	ina ZI	ا ددا	OLI	171987	Tiles J.	conding 1	- lee

dan chings

(VRA 15, 4)

FOR XC 217507068

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HELENE

R	FG	NO	

		REGISTRAR				CERTIF	FICATE OF DEATH	REG. 1	NO.		
3 SE	Do	ALB	FIRST		ames	WILL	TAMC	20 DATE OF DEATH	монтн	DAY YEAR	26 HOUR
	3. SE:			4 RACE		S. DATE O		SEPTEMBER		IF UNDER I YEAR	8:10
		MALE		BLACE	ζ	MONT		39	VDC	MONTHS DAYS	HOURS
37		RTHPLACE (STATE OR F	ORE IGN		WHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
54		ARYLAND		U.S.	.A.	WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE	E COUN	TY	
2	10. CI	TY OR TOWN OF DEA	тн	11. NAME OF		G HOME (	OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	12b. KIND C	F BUSINESS
2	FOI	RT HOWARD	20		FORT HOWA		ARYLAND	(TYPE OF WORK FOR MOST	ner.	(FE) INDUSTRY	
14	130 5	AL RESIDENCE (IF NURS TATE ARYLAND	136 COUN	TY	Reisters		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 419 CHANTI			/21130
2.5	4 FA	THER'S NAME	^	AIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	
$\propto$		MELVIN	1000	V	VILLIAMS		EDNA			KEETS	
dico		VAS DECEASED EVER	(IF YES GIVE	WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDI			7-4
9		YES	VIET	NAM	217 50	7068	CLINICAL REC	ORDS, VAMC,	FORT		
		18 CAUSE OF DEATH	H (Enter onl	y one couse per	fine for (o), (b), one	dici.i				BETWEEN	MATE INTERV
ever				E CAUSE (a)	CARDIOPU	JLOMN.	ARY ARREST				
r injury, or other	TION	DIABETE	IFICANT C	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM				177
lows on	CERTIFICAT	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES   NO□	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
Hem 18 st	-	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	n	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART 1 OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e. PLACE	OF INJURY PEET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR T		COUNTY	STA
121 is me		22a I certify that M saw the decease above, (IIXwe) (a			BER 18 19 after death.		nd that in ( ) (our) opinion (	to SEPTEN		7	that (If (we causes state
Hem		226 SIGNATURE	11	111-			DEGREE	11501611		22c. DATE	
		100	100	n	/			MEDICAL STA	ICIAN T	9-19	-87
MPORTANT		22d. PHYSICIAN'S NA					22e ADDRESS			44	
O J		RAUL LOP					VAMC, FORT	HOWARD, MAR	RYLAND	21052	
		urial, Cremation, Burial	REMOVAL	Sept. 24			n Forest Vet.	OWTH'S	46	Same.	STA
7/84		NERAL DIRECTOR Fune	ral Ho	ome Re	eistersto	wn M	d.21136 255 CM	REE T BY SES STRAIN	R 25b. REGIS	TRAR'S SIGNAT	URE

(VRA 15, 4)

066323 SEP 72 67

YTHOS STATES THE STATES OF THE

the state of the s

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL OF GIENE

- STATE GEGISTRAR REG. NO DECLASED NAME 26 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Wise 4:00A. Mamie 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR **fEMALE** White 01 85 YRS TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COLINTRY U.S.A. County Alabama WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Sisters of the Poor Hote] Manager SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130, STATE 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Alabama Birmingham YES 🗍 NO 2412-A 5th Ave. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE LAST MIDDLE Sturm Enoch Foshee Roma **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 419-22-7839 Maiden Choice Lane 18 CAUSE OF DEATH (Enter only one couse per line or (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES -710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, sow the deceased alive an_above, (I) (we) (did) (did not) view the bady after death ond that in (my) (aur) apinian deoth occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS St. Agnes Med. 3455 Wilkens Avenue Room 305 Dr. askaran 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIEY) CITY OR TOWN STATE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21229

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

9. BALTIMORE CITY OR COUNTY OF DEATH 139 timore 12b. KIND OF BUSINESS OR LITTE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 13e STREET ADDRESS / ZIP CODE 8710 EMGE ROAD 21234 LAST WATSON RUTH STOKES 2700 MURA STREET APPROXIMATE INTERVAL caractive Hart Faller PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE COUNTY CITY OF TOWN (my) (our) opinion death accurred an the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE CITY OF TOWN STATE 9/30/87 BURIAL UNION CEMETERY KINGSVILLE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 WM. C. MARCH F/H INC. 1101 E. NORTH AVENUE (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER I YEAR

2b. HOUR

40

E LINDER 24 HRS

lı	FOR - STATE			EPARTMENT OF		ND MENTAL HY		5 3	6 3	
בוו חרדי	REGISTRAR DECEMED NAME	FIRST		MIDDLE	IER'S CE	RTIFICATE OF	-	REG. NO.		
	(TYPE OR PRINT)	ELIZAG		C.		LLSON	78 DATE OF DEATH	ESTI ESTI	How base	9:58;
STE	SEX 4.	RACE A S. DA	ATE OF BIRTH	YEAR 6. AGE (IN YEAR	ARS IF UND	R 1 YR. IF UNDER 2	11.000	7/8	HITH DAY TEAM	N. HOU
S FOR YOUR WALLEY TO WALL TO W	BIRTHPLACE (STAT	W //	17 CITIZEN OF WHA	1890 96	RS.		DEAD		mucika 87	1 1
	EOREIGN COUNTRY)	100	). S. E	-	MARRIED WIDOWED	DIVORCE	0 40	Jimone	^	4 4
RECORDS, 301 W	CITY OR TOWN OF		IF NOT IN SUCH FACI	ITAL, NURSING HOM			12a. USUAL OCCUI	ATION (TYPE OF W		USINESS TRY
	owso.	IN NURSING HOME OR OTHE	t. Jos		HOSP	ital	CLERK		S.3. A	omin
	STATE PARTLAN	136 COUNTY	more	13c. CITY OR TOWN	13	d INSIDE CITY LIMITS?	136 STREET ADDRE	BEVO	nBROOK	1013
A	FATHER'S NAME	MIDI		LAST		MOTHER'S MAIDEN	NAME	IDDLE	1.00.10	
254	SAMO	T 130		THOMP	SOO	SARE	14	C.	WEA	VER
20 160	(YES, NO, OR UNKNOWN	EVER IN U.S. ARMED F	ORCES?	166 SOCIAL SECURIT	Y NO. 17	INFORMANT	0	ADDRESS		
/ -	U0			990 441	1689	-HU17	4 KEC	DROS		
	18 CAUSE OF I	DEATH (Enter only one TH WAS CAUSED BY:	cause pur trie to	Call the set 100	/		0	12	ETYTEEN ONS	TE INTERVAL ET AND DEATH
OF NEW	1	IMMEDIATE CA		e for the	ong	egeall	sans /	Luca	el Deco	des
NO REMOVAL.	Canditians,	if any, which	DUE TO, OR A	SA CONSEQUENCE	1//	1.	Thea	hari.	Cr	dola
ENTAL HY	gave rise	to immediate ating the under-	DUE TO OR A	S A GOMSEGNENCE	OF	delle-	/ worn			
5 OK	lying cause		1	9750	10		-		5二	Ten
CREMATION, O	PART 2 OTHER SIGNI	FICANT CONDITIONS CONTRI	BUTING TO DEATH BU	IT NOT RELATED TO THE TERA	AINAL OISEASE DI	R CONDITION GIVEN IN PART	1 (a).			
CREMAT			me bat				Gertal 2			
BURIA, CREMA	190. DATE OF O	PERATION	196. CONDITIO	ON FOR WHICH OPE	RATION WAS	PERFORMED?			20. AUTOPSY	3
E S	21a. EXTERNAL	CALISE WAS	21b. TIME OF II	Allipy	In time				YES 🗌	NO A
		OR	HOUR A.M.	MONTH DAY YEA	R ZIC. HOW	/ INJURY OCCURRED	(ENTER NATURE OF IN.	URY IN ITEM 18 PART I	OR PART 2)	
0 6	21d INJURY OC	CAUSE OF DEATH		19 INJURY (ATHOME.	21f. LOCA	TION				
PRI	WHILE AT WORK	NOT WHILE		RY, FARM, ETC.)	STRE		CITY OR TO	AN	COUNTY	STATE
21201 P										
0		that I taak charge af th			Autopsy	Inspection			my apinian	
WLA WILA	death resulted	fram/) Natural cau	ises Link	St. St.	iicide 🗀	Nomicide U	Undetermined mo	nner 🔲,	-/	1
BALTIMORE, MARYLAN	ACTUAL SIGNATURE	Made	ester	round	Mila	11) Seel	AEDICAL EXAM	D	ATE 9/26	187
ORE, CA	an Calle Onthin			10.231700		10 1	MEDICAL EXAM	INEK 5	IGNED	7
TIM	EXAMINER'S NA	AME			AD	DRESS				
₹ 230	BURIAL, CREMATIC	N,REMOVAL 23b. DA	ATE	23c. NAME OF CE	METERY OR C	REMATORY	23d. LOCATION		COUNTY S	TATE
- 3	BURIAL DIRECTO	19-	30-198	A = 1	000U	Ism	Willia		Lyconin	16 17
17 (5))	NAME				ORK		C'D. BY REGISTRA		R'S SIGNATURE	,
77	EVANS	CHAPSIC	JEL M!	ms & R	0.	INCT	1 4007	Alulas Den	de De lace	

h. Poge 4 may be 9 0

		FOR	
ı	-	STATE	
-		DECISTRAD	

## STATE OF MARYLAND CEDTIFIC ATE OF DEATH

Com	~	0	0	- 0
			- 17	1/2
	0		C3	140

REGIS	TRAR		CERTIF	CATE OF DEATH	REG. NO	).		7
I. DECEASED	NAME FIRST	MIDDLE	Į.	AST			DAY YEAR	26 HOUR
8.87	Christ	copher	WIT	TTMANN	Se	pt. 1	87	
SEX		4 RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
M	ale	White	NON		89	YRS	MONTHS DAYS	HOURS MIN
	CE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	BALTIMORE CITY OF		OF DEATH	
Mar	vland	USA	WIDOWE		Baltimor	e Cou	inty	^
	OWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME C		120 USUAL OCCUPATIO	NC	126 KIND C	F BUSINESS C
Cato	nsville	Summit Nursir		9	Receiving C			noenman
		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /			-
Mary	79.7	timore Kensingt		YES NO X	4311 Barri			21229
14 FATHER'S		MIDDLE LAST		15 MOTHER'S MAIDEN NA			LAS	
	ohn	Wittman	nn	Catherine				tmann
60 WAS DEC	EASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRE:	SS	Wille	CATROLI EL
NO NO OF	(IF YES, G	214-01-	-5025	Marie R. Wi	ttmann. 4311	Barr	ington	Road
	ISE OF DEATH (Salar of	only one cause per landar (a), (b), o		1.02.20 10 10	concara ij	^		MATE INTERVAL ONSET AND DEAT
	IMMEDIA	ATE CAUSE (o)	along	+ Caraci	ac con	27	-	
		DUE TO, OR AS A CONSEQU	UENCE OF	. 1	0-11	1/ 1	1 12	
	tions, if any, which	(b) Differ	se	melastas	1 - Ca 18	rad	der	•
	rise to immediate	DUE TO, OR AS A CONSEQU	UENCE OF					
under	lying cause last.	(c)						
	OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIV	EN IN PART 1	0
Z10. AC		-						
3 190 DA	TE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
E L		196			YES NO		s 🔲	NO 🗆
21a. AC	CIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)	
OR CON	ITRIBUTING CAUSE OF D HER NOTIFY MEDICAL EXAMIN	EAIR	19					
WEDICAL STREET	JURY OCCURRED	21e PLACE OF INJURY	FARM EYE I	211 LOCATION	CITY OR TOY	WN	COUNTY	STATE
AT WORK	NOT WHILE	THE HOME SINCE PACION OFFICE	, ranm, cic j	1 (7.	0 -	,	0 -	
22a.1 c	ertify the	attended the decepsed from		19 02	10 0-21		19.	thot(I)
so	the ecosed olive	View the body after death.	\$7.00	d that in aur opinion	death occurred on the da	ite and hou	ond from the	couses stated
	SNATURE O	view the body after death.		DEGREE _			22c. DATE	SIGNEDA
	1110	Malayama	n/	MA ATTENDING )	MEDICAL STAF	F	19-	1-1-
22d PH				DUVE TO LAND		LANI	/	/ ()
	YSICIAN'S NAME (TYPE			PHYSICIAN 2220 ADDRESS	DIRECTOR   PHYSIC		1.	/ 0 /
	YSICIAN'S NAME (TYPE				1//		alto	2/21
22- BUBLO	D.P.	halayaman		220 ADDRESS 4-001 W	Thens Ave		alto.	2/22
23a. BURIAL, (SPECIFY)	YSICIAN'S NAME (TYPE	nalayaman L 23b. DATE 23c.	NAME OF C		Rens Ave	2,6	COUNTY	9/21

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

10 FINERAL DIRECTOR: After this certificate has been signed by the attending physician behavior and the state of the burial-transit permit. Then please remove carbon popers:

— the state Dept of Health and Mental Hygiene prior to burial, cremation, at removal.

06	699	8	SEP	2018	FOR STATE
			JLI	I. DE	CEASED NAME OR PRINT)
MORE, MARYLAND 21201	executed within 7 hours after death. Page 4 may be	and completely filled in by the funesol director page 3	Strait rancher most be notified of lowce.	3. SE 70. 8 10. CC 130. 14. F.	IRTHPLACE I COUNTRY ARE ATHER'S NAME ATHER'S
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burnal-transit permit. Then please remove corbon tables	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or emotion [MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event the	MEDICAL CERTIFICATION	Canditions, gave rise cause (a) underlying  PART 2 OTH  PART 2 OTH

STATE OF MARYLAND 8

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	9						REG. NO.				
1	I. DEC	EASED NAME	FIRST	WIGGLE	LAST		2a DATE OF DEATH MONTH	DAY YEAR	2h HOUR		
- 1	(TYPE	OR PRINT)	an a	N. /110	To.	-alla seki	х 9	19 21 00 1150			
- 1		<u> </u>	TRA (	, 000.	1010	ECHOWSKI	0/0	16 01	11 PM		
- 1	3. SEX		4. RACE	5.1	DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 2.4 HRS		
	. 1	EMALE	WH	ite	MONTH	14 NI	80 YRS.	MONTHS DAYS	HOURS MIN,		
-	70. BIF	RTHPLACE I STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTRY? 8			9 BALTIMORE CITY OR COUNT	Y OF DEATH			
	C	INGINUP.			ARRIED		0 001:	- Onis	2-6.		
		11191241191	you U.S.		DOWED)		BAITIMOLE	COU	MD.		
> 1	10. CI	TY OR TOWN OF DEAT	H 11. NAME OF	HOSPITAL, NURSING H		OTHER INSTITUTION	120 USUAL'OCCUPATION  (TYPE/OF WORK FOR MOST OF WORKING L		F BUSINESS OR		
	1	N(1)S)N	57 7/	SENHS HO	Soit	792	HAMEMANED	IFE) INDOSTRI			
00	USUA	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AGM	ISSION)		THE COUNTY OF				
	13a. S	TATE	36 COUNTY	13c. CITY OR TOWN		d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP, COD				
7		111a.	DATTIMOR	1 Overlea		YES NO 🔀	6011 Westwood	Ave.	21206		
71	14. FA	THER'S NAME	WIDDLE	LAST	15	. MOTHER'S MAIDEN NAM FIRST	WIDDIE WIDDIE	LAST			
	,	James		Kordonski		Rose	MDDLE	Izdeb			
А	16a W		U.S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17	7. INFORMANT	ADDRESS		1236		
И		ES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	311-41-17	200	The	7				
/		No		046 10 11	231	Francis M. V	Vojciechowski 4		kely Ave.		
			Enter anly one cause pe	line far (a), (b), and (c)		- 11 - 11 -	-51	BETWEEN	MATE INTERVAL DISET AND DEATH		
- 1		PART 1. DEATH WA									
	9.7	Conditions if any which									
		Canditians, if any,		CARGUNIC	7100	JO KON)	isuleige				
21		cause (a), stating	the DUE TO, C	R AS A CONSEQUENCE	OF						
		underlying cause	last.	5451>	>						
		PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO DEA	H BUT NO	OT RELATED TO THE TERM	NAL DISEASE OR CONDITION GI	VEN IN PART LIC			
	Z	PUIMO	HY D	3242I							
0	CERTIFICATION	19g DATE OF OPERATION	ON 196 CONE	ITION FOR WHICH OPE	RATION	WAS PERFORMED	Z0a AUTOPSY? Z0b. IF YE	S, WERE FINDIN	IGS LISED		
7	FIC						IN CERT	IFYING CAUSES	OF DEATH?		
7	RTI				1.			ES _	NO []		
2		21a. ACCIDENT WAS UNDER			YEAR 2	I I HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM TO	PART I OR PART 2)			
	AL	(IF EITHER NOTIFY MEDICA	OJE OF DEATH	. M.	19						
	MEDICAL	214 INJURY OCCURRE		OF INJURY		If. LOCATION		COUNTY			
	¥	WHILE NOT WHILE	F	REET, FACTORY, OFFICE, FARM,	ETC )	STREET	CITY OR TOWN	COUNTY	STATE		
					9	25	9-7%	87			
	-		this haspital) attended the	deceased from	7	, 19	, to		that (II (we) last		
		saw the deceased abave, (1) (we) (did	d) (did nat) vig the bad	after death.	, and	that in (my) (aur) apinian d	leath accurred an the date and ho	ut and fram the o	causes stated		
	1.3	22h SIGNATURE	1 1/1	.///	DE	GREE		22c DATE	SIGNED		
		lever	ull	MI	1	ATTENDING PHYSICIANI	MEDICAL STAFF DIRECTOR PHYSICIAN	9-77	1-87		
7		22d. PHYSICIAN'S NAM	ME (TOPE OR PRINT)		12	2e ADDRESS	DIRECTOR   PHISICIAIN	1100			
		Disto?	6 CN11	Roth		2721 18571	in 20-1546	m un	12/23/		
		CEAN C.	er i Gana			0/21/12/1	116 100-1-100	0 /-0	4210		
	23a. 8	URIAL, CREMATION, R	EMOVAL 23b. DATE	23c NAM	E OF CEN	NETERY OR CREMATORY	23d LOCATION				
	(	Burial	9-30-	87 St.	Sto	nislaus	Baltimore, N	Jary and	STATE		
	24. FL	INERAL DIRECTOR	1 2-20-	01 1 00.	Dua	25a. DATE	REC'D. BY REGISTRAR 25h REGIS	TRAR'S SIGNATI	IDE		
			, Ruck, Inc.	Baltimore	P.F.C		8 1007 July Shine	- Ganda	RP.		
-	·		,	TOGE OTHOUGH	, Ivid	TATAMA TI	0 1391				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

19.5 m y 29.4 m y 29.4 m

August and the second of the s

Markey to be the state of the s

The same that we have a loss of

기교사에서 그 그는 사고를 제 되고 있는 경찰을 다.

. The state of the

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE **CERTIFICATE OF DEATH**

2	5	3	1	U

066603 SEP 2		FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	REG. N	2 <b>5</b> 5	/ U	
		CEASED NAME FIRST		MIDDLE	į	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HC	DUR
noy be poge 3	LITPE	Euge	ne			Vojcik	Sep	t. 18 1	987	M
a pool	3. SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UND	ER TYEAR IF UND	DER 24 HRS
ctor s off		Male	Wh	ite	AUG.		77	YRS	DAYS HOURS	MIN,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O			MD.
100		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126	KIND OF BUST	
200		Cockeysville	10320	Malcolm	Circle	, 21030	CPA CPA	F WORKING LIFE) INC	oustry <b>-inancia</b>	
BALTIMORE, MARYLAND 21201  cote by recuted when 24 hours opers.  opers. Gard completely falled to by vol.  vol.  rt, the intellet is family in the period.	Ma		OR OTHER INSTITUTION UNTY TIMORE	13c. CITY OR TOW Cockeys	ville	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 10320 Ma		cle, 21	030
WARYL.	14. FA	THER'S NAME FIRST  John	WIDDLE	Wojcik		15. MOTHER'S MAIDEN NA	MIDDLE		Jnknow	n
NORE, I			ARMED FORCES?			Anna K. Wo	ADDRE	SS	211111011	
e be ers.		no				Allia K. WC	JCIK, Same		APPROXIMATE IN BETWEEN ONSET A	TERVAL
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe SED BY:	M Y	CaA I	MAL (NF	ARC TICIN		SETWEEN ONSET A	ND DEATH
PRESTON ST., he death certifi he ottending ph emove carbonp imotion, or reme		IMMED	ATE CAUSE (a)	1110	TALL	17- 1701	714 61(010			
oth oth mot		Carallelia de la laci	DUE TO, C	OR AS A CONSEQUE	ENCE OF					
RES e de de de route		Conditions, if ony, which gove rise to immediate	(p)_							
V ot t		couse (o), stoting the underlying couse lost	DUE TO, C	DR AS A CONSEQU	ENCE OF				5-0	
RDS, 20 equires equires signed Then plu to burn niury, o	NO	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM		DITION GIVEN IN	PART 110	
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN: The low requires the other dring physicion that this centificate has been signed to sine buriol-tronsit permit. Then pleo th and Mental Hygiene prior to buriol, orked or Tem 18 shows ony injury, or orked or Tem 18 shows ony injury, or or	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		ATH?
ITAI	E	21g. ACCIDENT WAS UNDERLYING	216 TIME	OF INJURY		21c. HOW INJURY OCCUP				
DF VII	_	OR CONTRIBUTING CAUSE OF	EATH HOUR A	.M. MONTH D		100				
ON OF HYSICIA Iding pl ding certif buriol-1   Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIT		OF INJURY	19	211 LOCATION				
VISIG G PH onten ond ond	WE	WHILE NOT WHILE AT WORK	( AT HOME, S	TREET FACTORY, OFFICE I	ARM ETC )	STREET	CITY OR TO	WN CC	YINUC	STATE
D DIN or or o		22a.   certify that (I) (this ha	spital) attended t	he deceased from_		. 19	, to		, that ()	(we) lost
TOR TOR For to of He		sow the deceased alive above (1) (we) (did) (did	20	19_	, 01	nd that in (my) (our) opinion	death accurred on the d	ote and hour and f	from the causes	stoted
REC REC		27h SIGNATURE	nati view the soa	y offer death		DEGREE		2	2c. DATE SIGNE	D
the hard the best of the best		/ Litta	mr.		M	D ATTENDING PHYSICIAN	MEDICAL STA	FF IAN [	A12118	17
TO HOSPITAL retoined by th TO FUNERAL with the Store	1	22d. PHYSICIAN'S NAME (III	E CA PRINTI			22e ADDRESS	_ DIRECTORor		11 211	
O HOSI to FUN should b		Nathan M. F	Pocenhlu	m M D		7600 Oct	er Dr., Suit	to 105 7	owson	Md
Of of Shapes	23a B	URIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	103, 1	OWSUIT,	WICE.
BP	F	SPECIFY)	9/22	/87 Di	lanev	Valley Mem.	CITY OR TOWN	nonium F	Ralto.	Md.
	74	NICE DISEASE	3122		папеу	250 DA	TE REC'D BY REGISTRAR	256 REGISTRAR'S	SIGNATURE.	
DHMH - 16 60M 7/84 (VRA 15, 4)	11	a Com Co	mm	ADDRESS		S	EP 23 198/	Julia Dand	ion-Kanda	LL.
(110, 10, 4)	4	J. E. Lowell	emmon,	10 W. P	donia	Kd.		<u> </u>		

SEP 4 & DBW

066800

### STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

5

P 2	5 8	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTA		ENE 2 3	3 /		
	1. DE	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	,,	,	MARY			W	OLF		SEPTEMBER 20	, 1987	1 P.M, M	
	3. SE	Х		4 RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS		
		FEMALE		CAU	JCASIAN		. 20, 1895		92 YR		MIN.	
-		RTHPLACE (STATE OF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIE		9 BALTIMORE CITY OR COU	NTY OF DEATH		
0		MARYLAND		U.	S.A.	WIDOW			BALTIMORE C	COUNTY	MD.	
1	10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTIO	N	120 USUAL OCCUPATION		OF BUSINESS OR	
9		PIKESVILL		PIKESV	ILLE NURS	ING H	OME		HOUSEWIFE		HOME	
5	13a. S	AL RESIDENCE (IF NURS STATE MARYLAND	136 COUN	OTHER INSTITUTION, VTY LTIMORE	13c. CITY OR TOW BALTIM	'N	130. INSIDE CITY LIM		13e STREET ADDRESS / ZIP CO 7 SUDBROOK LA		3	
7	14 F/	ATHER'S NAME	7	MIDDLE	LAST		15 MOTHER'S MAID	ENNAM	MIDDLE			
		ISAAC		MIDDLE	SILVE	R	SARA	Н	WIDDLE	JOH	FEE	
7		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU 220-14-		17 INFORMANT MRS. REV	7Λ RE	RMAN 18 BROKX			
	_	140					PINO . KLV	A DL	RMAN BRONXU		XIMATE INTERVAL LONSET AND DEATH	
		PART I. DE ATH W	AS CAUSE	D BY		eno	nia			BETWEEN	ONSET AND DEATH	
		Conditions, if ony, gave rise to imm cause (a), statin underlying cause	nediate ig the lost.	(b) DUE TO, O	R AS ACONSEQUE	ence of	Desilo	de TERMIN	Lease or condition	GIVEN IN PART I	10	
9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED			YES, WERE FIND RTIFYING CAUSE YES []		
9		210 ACCIDENT WAS UNI	CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY C	OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)		
	MEDICAL	21d. INJURY OCCUR	INJURY OCCURRED 21e PLACE (AT HOME, ST			e. PLACE OF INJURY THOME, STREET, FACTORY OFFICE, FARM, ETC.)  211 LOCATION STREET			CITY OR TOWN	COUNTY	STATE	
		270 I certify that (I) (this hospital) attended the deceased from 5/28/14/19 , 19 , 10 7/20 , 19 , that (I) (we) lost saw the deceased alive an above, (I) (we) (did) (did not) view the body after death of the date and hour and from the causes stated above.										
		226. SIGNATURE	089	000	14/	n		DING A	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAT 9/2	E SIGNED	
T		HARUL	D 9	3. Bol	B MD		7220	Pan	K Height	2/20	08	
		BURIAL BURIAL		9/22/	87 HE	BREW	ERTENDSHIP		23d. LOCATION CITY OR TOWN BALTO REC'D. BY REGISTRAR 25b. REC	COUNTY	MD	
/84	24 F	NAME  6010 DETS			N & BROS.	, INC.	2	SEP	REC'D. BY REGISTRAR 256 REC	a Durdon		

6010 REISTERSTOWN RD. BALTO, MD 21215

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DECEASED NAME

# STATE OF MARYLAND

CERTIFICATE OF DEATH	YGIENE REG. NO.		
EAST	20. DATE OF DEATH MONTH	OAY YEAR	26. HOUR
Wolfe	September 2	21, 1987	
5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS

, be	9 0		Sadie	9		WO.	lfe	Sept	ember 2	1, 198
GE GE	0.0	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YE
7 8	irs off	Female		Whit	æ	Jun	e 7, 1915	72	YRS	MONTHS
200	2 hay	To. BIRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		ITY OR COUNT	
60	a co	Virginia		US	A	WIDOWE	DIVORCED	Bal	timore	County
ě	まま か人	IO CITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCI		126. KINI IFE) INDUST
0 s	P C C	Edgemere		2927	Wells Ro	ad		Self Em		Wolfe
ND 212	filled in	USUAL RESIDENCE (# NURS 130. STATE Maryland	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Edgemere	N	13d Inside City Limits?	13e.STREET ADDR		Œ
ARYLA   within	100	14. FATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN N	JAME MID	DIE	
X Sep	8 - X	Thomas	INITIS AD	MED EODCES2	Podrucho		Viola 17. INFORMANT		ADDRESS	
IMORI Se exec	Pages.	(YES, NO OR UNKNOWN)		E WAR OR DATES)	219-16-7			Hoffman 8		ær Lal
IST., BALT	ng physicia bonpopers removal. c event, the	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE		line for (o), (b), one	diail	myocord			BE T.WE

6 Silver Lake 21128 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH chor Conditions, if ony, which gove rise to immediate couse (a), stating underlying couse

190 DATE OF OPERATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED AT HOME STREET, FACTORY OFFICE FARM, ETC.)

HOUR A.M. MONTH DAY 21e PLACE OF INJURY

211 LOCATION

CITY OR TOWN

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

126. KIND OF BUSINESS OR

Not Known

INDUSTRY Wolfe Rest

21219

22a | certify that (1) (this hospital) attended the de sow the deceased alive on above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE

DEGREE

PA ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

NOT WHILE

N. KARKAN GORGE

1576 MERRITT BUD DONG 3US

DIVISION OF VITAL RECORDS, 201 W. PRESTOR

CERTIFICATION

230 BURIAL, CREMATION, REMOVAL 23b. DATE 9-24-87 Burial

23c NAME OF CEMETERY OR CREMATORY

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

Elkridge, Maryland STA Holy Trinity Russian Orth.

Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD

DHMH - 16 50M 4/83 (VRA 15, 4)

THE REST OF THE RE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

064846	SEP -	87	FOR STATE REGISTRAR		DEI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAR HYC ICATE OF DEATH	ENE 2 5	5 / 3	
9 9	deod		OR PRINT)	HV JOHN	MO MO	RRIS W	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	20. DATE OF DEATH MONTH	2 -	HOUR -OS AM
oge 4 mg	ours offer o	3 SE)	male.	4 RACE	ite	5. DATE C			MONTHS DAYS HE	UNDER 24 HRS
deoth. P	4 72 h		RTHPLACE (STATE OR FOREK	E	15.	WIDOWE		Balto County		MD.
201 rs after	Solution 8		TONSON	OF NOT IN SU	CHEACILITY, GIVE	ESTREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR M	12b KIND OF B INDUSTRY Banking	
MARYLAND 2120' ed within 24 hours	must be	13a. S		ome or other institution COUNTY altimore	13c. CITY OF	RTOWN	13d INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS / ZIP C 800 Southerly	JUDE	.204
MARYL.	330		THER'S NAME FIRST enjamin	MIDDLE F.	Womac		15 MOTHER'S MAIDEN NA FIRST Annie	ME MIDDLE E.	Pumphre	y
BALTIMORE,	Poges			.S. ARMED FORCES? YES, GIVE WAR OR DATES)	1	05-8069	17 INFORMANT Ethel W. Ro	hrbach-800 Sout	212 therly Rd.,	
DS, 201 W. PRESTON ST., quires that the death certific	to burnel, command or not nivey, or other trauman command or other trauman command com	NC	Conditions, if any, wh gove rise to immedia couse to), stating underlying couse to	DUE TO, Co ich the DUE TO, Co DUE TO, Co  DUE TO, Co  Co  Co  Co  Co  Co  Co  Co  Co  Co	OR AS A CON ARTERI OR AS A CON	SEQUENCE OF OSCUEPO	VE HEART F		EASE GIVEN IN PART 110	
AL RECOR	N. Sept	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS ERTIFYING CAUSES OF YES	USED DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ottending physician.	s the buriol-tronsit and Mental Hygie ked or Item 18 sho	MEDICAL CE	21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF ETHER, NOTIFY MEDICAL E) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	OF DEATH (AMINER)  P  21e. PLACE	.M. MONTI .M. OF INJURY	H DAY YEAR 19 DEFICE, FARM, ETC.]	21c. HOW INJURY OCCUR 21 LOCATION STREET	RED (ENTER NATURE OF IN) DRY IN ITEA	A 18 PART I ORPART ?]  COUNTY	STATE
OK TTENDI	tacked for use a e Dept. af Health If Item 21 is man		22a.I certify that (f) (this sow the deceased of above, (I) (west (did) f) 22b. SIGNATURE		after death.		DEGREE ATTENDING	death occurred on the dote and		terminal from
TO HOSPITAL	should be deta with the State [MPORTANT: If		22d PHYSICIAN'S NAME JERANICIS	(TYPE OR PRINT) T- KHUO			PHYSICIAN [ 220 ADDRESS St-Joseph's	DIRECTOR PHYSICIAN DE HOSPITAR	Osler Dr.	-21204
BP		(	URIAL, CREMATION, REM SPECIFY) Ltombment	OVAL 236. DATE 9-5-	87		emetery or crematory ne Park Maus.	23d. LOCATION CITY OR TOWN Balto.	COUNTY	STATE Md.
DHMH -	16 60M 7/84 A 15, 4)	24 FU	NERAL DIRECTOR NAME  ICK TOWSON FI		10	50 York	Rd 250. DAT	TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATUR	

10 W. Padonia Re

(VRA 15, 4)

Lemmon-Mitchell-Wiedefold

STATE OF MARYLAND

BEP 1 0 1881 June 20 1991

6581

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAR YGI	REG. N	0	1	
가	DEC	CEASED NAME FIRST	- 11- 31	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
1	(TYPE	OR PRINT)	INIC	J.	WY	NNE	SEPTEMBE	R 13	1987	40
h	3 SE)		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Т	N	Male	Whit	e	MONTI	ast 17, YEAR 1900	87		MONTHS DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
1	C	COUNTRY)	U.S.	Α.		DIVORCED				
4		111nios TY OR TOWN OF DEATH			WIDOW!	DR OTHER INSTITUTION	Baltimo:			F BUSINESS OF
A		21220		CH FACILITY, GIVE STREET		1- 21220	CHAPE OF WORK FOR MOST C			
1	USUA	21239 AL RESIDENCE (IF NURSING HOME O				rcle 21239	Superviso			ceBric
	13a S	STATE 136 COU	NTY	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD		21239
4			timore	2123	9	YES NO X	6904-F	Lach.	lan Cii	cle
A	FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDIE		LAS	r
	/	Dennis		Wynne	18.15	Margaret		45.00	Tes	tin
1		VAS DECEASED EVER IN U.S. AI	WE WAR OR DATES	16b. SOCIAL SECU		17. INFORMANT	ADDRI			21239
0	(,	Yes 10-5-	18/12-	18216-09	-9156	Audrey M. V	Vynne6904	-F La	achlan	Circle
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	Looking	NCE OF	the anings	m Copera	tun)	3 n	MATE INTERVAL ONSE! AND DEATH OVS.
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT			150	NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED OF DEATH?
Н	ERT	21a. ACCIDENT WAS UNDERLYING	1 21b. TIME (	OF HIN HURY		21c. HOW INJURY OCCURR	YES NO		ES DARRET 2)	ио 🗌
il.		OR CONTRIBUTING CAUSE OF DE	- HOUR A	M. MONTH DA	YEAR	The non ingon occorn	ED (ENTER NATURE OF INJU	KT MITTEM 18	PARTIORPARTS)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19	211 LOCATION				
1	MED	21d. INJURY OCCURRED  WHILE NOT WHILE		OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	NWN	COUNTY	STATE
1		AT WORK AT WORK			-			,	6	
		22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	12-	4 -08	da , o	nd that in (my) (auc) opinion o	deoth occurred on the d	ote and ho		that (1) <del>(we</del> ) los couses stated
		274 PHYSICIAN'S NAME (WHI	Osm	rang	MD.	DEGREE  ATTENDING PHYSICIAN  1720 ADDRESS	MEDICAL STA		9/15	SIGNED 1/87
		ALFRED		MAN, JR.	M.D		Paul Str	eet	837-43	333
1		BURIAL, CREMATION, REMOVAL BURIAL	SEPT.			EDEEMER CEM	ETERY BA	LTIM	ORE, M	ARYLAN.
1	24 FL	UNERAL DIRECTOR				250 DATE	REC'D. BY REGISTRAR		TRAR'S SIGNAT	
	WI	LLÎAM E. JOH	NSON 8	521 LÖCH	RAV	EN BLVD SE	P 1 5 1987	l' tia d	Tender R	indice

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

REG. NO MONTH

AGE (IN EARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS

26 HOUR

NO F

MARYLAND

STATE

COUNTY

9 BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

BALTO. CITY SCHOOLS

3113 MARNAT RD. #21208

MILLNER

BALTO., MD 21208

APPROXIMATE INTERVAL BETWEEN ONE T AND DEAT

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

, and that (my) (our) opinion death occurred on the date and hour and from the causes stated

PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE

BURIAL SEPT.27,1987 AITZ CHAIM 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

25a, DATE REC'D, BY REGISTRAR 25% REGISTRAR'S SIGNATURE

BALTIMORE

DHMH - 16 50M 4/82 (VRA 15, 4)

0

6010 REISTERSTOWN RD. BALTO. MD

21215

BP.

DHMH - 16 60M 7/8

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PIGIENE 5

-	1 -	FOR STATE PREGISTRAR		DEPARTA		TEALTH AND MENTAL ATG	IENE REG. N	0.		
	T. DEC	CEASED NAME FIRST		WIOOFE	1	AST		MONTH	DAY YEAR	26 HOUR
	(TYPE	Thom	as	Gordon	YE	AGER SR.	September	29.	1987	3:42 pm
	3. SE)		4. RACE		S DATE (	OF DIDTIL	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
		Male	Whi	te	8 NONTH	6 DAY 1913	74	YRS.	MONTHS DATS	MOURS MIN.
1000	7e. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY C		Y OF DEATH	
5		Maryland	- 50	USA	MARRIE	D W NEVER MARRIED DIVORCED D	Baltimore			445
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
1	_	ssville	Frankli	ch facility, give street . n Square	Hospi	tal	Steelwork	er,	Beth	lehem
1	130 S		timore	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO 🏝	13e STREET ADDRESS 517 Middl	ZIP COL	ver Rd.	Steel 21220
	14. FA	THER'S NAME Albert	WIDOLE	Yeager		15. MOTHER'S MAIDEN NAM			Has Ha	nna
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	SS		
	(Y	(IF YES, GI	VE WAR OR OATES)	216-10-	6118	Anna Yeager	517 Middle	Riv	er Rd.	21220
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause pe	r line far (a), (b), and	d (c).)	1 . 0 0			BETWEEN	MATE INTERVAL
			TE CAUSE (a)	Houte 1	nyoc	ardial into	arctim		4	hrs.
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE	184		INAL DISEASE OR CON	DITION GI	VEN IN PART 110	
7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDIN	OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A	DE INJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR			Cop.	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK NOT WHILE	(Artione, Si	RELI, FACIONI, OFFICE, FI	ARM, ETC.)		9/			
		220 I certify that (X (this hasp saw the deceased olive on above, (X (we) (did) (dix x)	-	1	57, or	129 , 19 <u>87</u> and that in (m <b>x</b> ) (our) opinion o	, todeath occurred on the de	ote and ha		that X (we) last
Н		22b. SIGNATURE	view the body	offer death.		DEGREE			22c DATE	SIGNED
		15 Ch	Pha	m	n	7 ATTENDING PHYSICIAN	MEDICAL STAI		\$epter	mber 29,1
		72d PHYSICIAN'S NAME (TYPE OF	ho 74	9 m		1012 de	O Norva	i Pa	is Re	1.
		urial, cremation, removal specify) Burial	236 DATE 10-2-		ion T	emetery or crematory uth. Ch. Cem.	23d LOCATION CITY OR TOWN	Raltin	nore; Ma	rvlaMd
		INERAL DIRECTOR	10-2-	7401	Belk		REC'D. BY REGISTRAR			
	La	ssuhin Funetal	Home	ADDRESS		21236 OCT	1 1987		widon Pan	due

. . . . .

Continue incorporation of extraction of the street of the

					182-1
	to the contract of				transportal.
45/24/82	monto di encil			ues Xnaur	billyon()
light. Agail the news	Track de				a l'adequat
		1-1-1	Seguet.		
Jack rate	o with the s		Blac-li-dis		
44		AL AS A			
			144		
				The last	
		ν,			
			212 - 22		
				The Party	
1777 3		20, 74		7.1045	
Attended			stant from a		
1 to 1 to 1	in the fact	900	market is a fine		

#### STATE OF MARYLAND 067308 OCT DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEATH

ALHYGIENE	
ACHYGIENE	
THE STATE OF THE S	

REG 2a. DATE OF DEATH	MONTH	DAY	YE AR	26 HOL	JR
	09	29	87	11:0	)7a м
6 AGE IN YEARS LAST	BIRTHDAY)	IF UN	DER TYEA		
86	YR	MONI	HS DAYS	HOURS	MIN.
9. BALTIMORE CITY	OR COUP	TY OF	DEATH		
Baltimore	e Cour	ntv			MD
120 USUAL OCCUPA	MOITA	10	L KIND	OF BUSIN	ESS OR

	ECEASED NAME	FIRST	A	AIDDLE	Ł.	A5T		2a. DATE OF	DEATH	MONTH	DAY	YE AR	26 HOUR	
	}	lenry			Yo	008		<u> </u>		09	29	87	11:07	a /
3. SI	EX	4. R	ACE		5. DATE C		YEAR	6 AGE IINY	ARS LAST B	RTHDAY)	MONTH.	DER TYEAR	HOURS A	HRS.
1	Male	100	W	nite	-		900	86		YR		UA.S	1.00%	1114.
7a 6	BIRTHPLACE ISTATE OR FOR	EIGN 76 C	CITIZENOF	WHAT COUNTRY?	8.	NEVER MAR	DOIED	9. BALTIMO	RE CITY	OR COUP	NTY OF	DEATH		
	Maryland	1	U.S.	Α.	WIDOWE			Balti	more	Com	ntv			M
10 (	CITY OR TOWN OF DEATH	1 ,711.	NAME OF H	OSPITAL, NURSIN	G HOME C	- California	- Land	120 USUAL	CCUPAT	ION	11		OF BUSINESS	
	Towson	/ 6		Balt.imor		lical Cor	aton	Ret C						
	JAL RESIDENCE (IF NURSING	S HOME OR OTHE		GIVE RESIDENCE BEFORE	ADMISSION)							ccs,y a.	1000	_
	STATE 13	COUNTY		Baltimor		YES TOT N	LIMITS?	13e STREET A				2.4	21212	
-	ATHER'S NAME			Dar Criior	e	15 MOTHER'S M			beill.	riigiis	ius i	10.	21212	_
7	FIRST	MIDD	LE	LAST		FIRS	ST.		MIDDLE		7	LA!	ST .	
160	Frederick WAS DECEASED EVER IN	IIIS APMET	FORCES?	YOOS	PITY NO	17 INFORMANT	san		ADDR	RESS THE		Piero	e	_
	(YES NO OR UNKNOWN)	(IF YES, GIVE WA					7.1	monium		TA	ld.		4007	
	No			220-01-1		Doris L	• Ega	n 2409	Rave	envie	W RO	Approx	1093	_
	18 CAUSE OF DEATH	Enter only or S CAUSED BY	ne cause per	line for 101, 161, and	d (C). I						-	BETWEEN	ONSET AND DE	ITH
	1A	AMEDIATE C	AUSE (a)	Respirato	ry Fa	ilure -					-			_
			DUE TO, OF	R AS A CONSEQUE	NCE OF									
	Canditions, if any, v		(b)	Pneumonia	1									
	gave rise to immed couse (a), stating	the 3	DUE TO, OF	R AS A CONSEQUE	NCE OF						184			
	underlying cause	lost.	16)	CHE 2 S	/P.M.1									
	PART 2 OTHER SIGNIF	FICANT CON	DITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO	THE TERM	IN AL DISEASI	OR CO	NOITION	GIVEN II	N PART 1	0	
ON	Renal Fail	ure:	Alzhei	mers Dise	3356.	Parkinso	ons Di	sease					364	
CAT	190 DATE OF OPERATIO	N	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	NED	200 AUTO	PSY?				NGS USED	,
TIF								YES 🗌	NO	III CE	YES [		NO [	
CERTIFICATION	210. ACCIDENT WAS UNDER		216. TIME O		V VEAR	21c. HOW INJUI	RY OCCURR	RED (ENTER NA	TURE OF INJ	URY IN ITEM	18 PART I	OR PART 2)		
AL	OR CONTRIBUTING CAL		P.	m. Month Da m	19									
MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY		211 LOCATION			CITY OR T	OWN		COUNTY	STAT	F
E	WHILE NOT WHILE		[AT HOME STR	EET FACTORY, OFFICE, F	ARM ETC }	STREET			CHTORI	U.114			3141	
	220.1 certify that (I) (t)		attended the	e deceased from_			19	, to			_, 19_		that  li (we	las
	saw the deceased			19				death occurre	d on the	date and	havi and	d from the	causes state	d

DEGREE ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF

220 DATE SIGNED

Thomas Murray, M.D.

G.B.M.C.

230. BURIAL, CREMATION, REMOVAL Burial Oct 2 1987

23¢ NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem.

23d LOCATION

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

IMPORTANT: If them 21 is marked or them

ury, or other troumatic event,

Baltimore, Maryland Leonard J. Ruck, Inc.

Cockeysville Maryland

250 DATE REC'D. BY REGISTRAR 250 PEGISTRADS SIGNATURE

SEP 30 1987 Julia Distribution Resident

and the second state of the second se 

To be the second second

is not the little to the littl

55448 SEP	5_87R				MENT OF	HEALTH		NOAL HA		2	5	3 /	9		
	REGISTRAR		ME	MIDDLE	EXAMIN	IER'S C	ERTIFIC	ATE OF		DATE K			H DAY	YEAR	26 HOUR
TOR. STATES	3. SEX	MYRT 14 RACE	LE S. DATE OF BIRTH	R.	6. AGE (IN YE		ORK IDER 1 YR. T	IF UNDER 2		DEATH /	ESTI- MATED	MONTH	7	19 87	2d HOUR
ECESSARY, PLE NERAL DIRECTO FOR YOUR FILE MITHIN TO HOUS PLESTON STREET	Female 70. BIRTHPLACE	White	2 15	28		AY) MONTH			MIN PR	DEAD	24	9	7	19 37	3:45
S FOR WITH	FOREIGN COUNTR	arolina	U. S.		IIRY?	8 MARRI WIDOW	ED XXEV	DIVORCE		Baltimo	more	Cour	nty	DEATH	MD
ANY DELAY IS/NECESSARY, PIE AND 3 TO THE FUNRAL DIRECT RETAIN PAGE 5 FOR YOUR FI FOUR BERILED WITHIN 72 HO ECHEDS, 201 W. PRESTON STRI	Balto		1449 Tar	CILITY, GIVES	TREET ADDRESS)		ER INSTITUT		FOR MOS	Cler	NG LIFE	cial	Secu	IND OF BUI OR INDUSTR Arity	SINESS
	USUAL RESIDENCE 130. STATE	13b. COU	E OR OTHER INSTITUTION, GO	VE RESIDENCE	OR TOWN	ON)	13d. INSIDE CIT	Y LIMITS?	13. STREE	T ADDRES	Balgford	to.,	Md . #2	21207	
SESTI, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	14. FATHER'S NA FIRST  Thomas 160. WAS DECEA	SED EVER IN U.S. A	MIDDLE  J.  RMED FORCES?	McM	tast illan IIAL SECURIT	Y NO.		R'S MAIDEN SAN ANT 112		E.		s Rs		iller Md.	
IT. BALTIMORE, MD.  UURS AFTER DEATH. IF  18. GIVE PAGES 1, 2,  WITH FORM  AIT. PAGES 1  E. DIVISION OF THE	(YES, NO, OR UNI		ve war or dates) only one cause per line		-22-38	55	Mr.Ti				o Mar		12120		
CORDS, 201 W. PRESTON ST., SEECUTED WITHIN 24 HOUE DUNGS, IN PENCIE IN TEM 18, EDICAL EXAMINER ALONG W. S.A. PURIAL, TRANSIT PREWIT, IT HAND ARENTAL HYGENE, ESHATION, OR REMOVAL.	gave cause lying o	tions, if ony, which rise to immedia- (a) stating the <u>under ause last.</u>	th (b)	AS A CON	ISEQUENCE (	OF	OR CONDITION	GIVEN IN PART	§ (a),						
S CERTIFICATE SHOULD BE EXECUTED. STRITING THE WORD "FRODING". RDED TO THE CHIEF MEDICAL RESTANDING BY A USE OF SHARM TO SHORM TO SHOW IT. COSTANDING TO SHOW IT.	190. DATE	OF OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORM	AED?						AUTOPSY?	NO 🗆
CERTIFICATE SE NITING THE WO EDED TO THE OF EDEPARTMENT OF PRIOR TO BU	UNDERLYI CONTRIBU	NAL CAUSE WAS NG OR TING CAUSE OF Y OCCURRED	21e PLACE C	MONTH 9-7- OF INJURY	19 E	37 Su	bject.			URE OF INJUI	RY IN STEM 1	B PART I OR	- 1	11.5	NO L
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	WHILE AT WORK	NOT WHILE	street, fact		rc.)		9 Lang	ford	Rd.	ITY OR TOWN		Ba	alti	more	STATE
TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		ulted from Not	rge of the remains des	cribed abo	ve, held an	Autopi	Homicia TITLE (SP	Inspection de X.  ECIFY) Stant		Inquiry L nined man	ner 📗	DATI	E (	9-8-8	7
TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO	EXAMINER (TYPE OR P	RINT) LUCIL	io F. Goll					111 P			Balt	o., 1	4D 2	1201	
BP	(SPECIFY) Bur: 24. FUNERAL DIR	ECTOR	236 DATE 9-11-87 Q ADDRESS	5/5/	rraine PALT	Pk.	emeter	Υ·V	23d. LOCA CHYORI		25) REC		lto.		id.
(VR A15 ME (5))	G. LCU	MAN	SCHWAB	Pu	KE. t	421	229	SEL	14	1001	0				

water think 20 II 28 . . . . . Viliania Calcondant .... Northern 1818 of the control of the Tel-12-05-0 Tr. Handley . PED-23-131 BILL C. D. J. B. THE STATE OF THE S

**DHMH - 17** (VR A15 ME (5))

Cavacani-.101.1 illusiva TOTAL THE PROTEIN CAME OF restante de la companya del companya de la companya del companya de la companya d ITMES .n7 opni. a nomena. man Fig. - y - 50 c ca-1 diese Cracking Party Control Control Control

066352 SEP	21	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	REG. N	2 5	J 3	
		CEASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
noy be poge 3		,	Frank	Р	Z	ADYLA	K	September	16, 19	87	5:55a M
mo bet	3. SE			RACE		S. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
ge 4		Male		Whit	e	Sept	ember 2, 1914	73	YRS	DATS	MIN.
death Page		RTHPLACE (STATE OR FO	ania	th CITIZEN OF	what country? A	8 MARRIE WIDOWE	D NEVER MARRIED D	Baltimore city			MD.
by the full filed with		Rossville		Fran	klin Squa	ire Ho	or other institution ospital	120. USUAL OCCUPAT LLYPE OF WORK FOR MOST RETIFED	ION	12b KIND	of Business or Lroad
filled in	13a. S		NG HOME OR O	other institution IY  Ltimore	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Chase	admission) N	13d INSIDE CITY LIMITS? YES NO	837 Seneca	a Park	Road	21220
MARYL ed within	14. F/	Paul	٨	NIDDLE	Zadýlak		Victoria	WE		Hojŝ	sack
BALTIMORE, one be execut sicion and co ppers. Pages 1 ool:		VAS DECEASED EVER I YES, NO OR UNKNOWN) YES		MED FORCES?	091-05-3		Ethel B. Za	dylak 837		Park I	Road 21220
har the demonstrates by the demonstrates are recovered from the first parts of the recovered from the first parts of the transfer central cent		Conditions, if ony, gave rise to imm cause (a), stating underlying cause	which ediate	DUE TO, O	Acute Br	NCE OF	pneumonia			BCIWEEN	XWAYE INTERVAL ONSET AND DEATH
RDS, 20 equires t equires t Then ple r to burio injury, or	NO	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVE	N IN PART 1	10
ALRECORDS, the low requirements be been significant. There iene prior to be lows ony injury.	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YEXXX NO	IN CERTIFY	WERE FIND	INGS USED S OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The offer this certificate has she burial-transif ph and Mental Hygier th and Mental Hygier orked or litem 18 shound		210 ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT		OF INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	JRY IN ITEM TS PA	RT 1 OR PART 2)	
UC PHYS offer this offer this off	MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗀	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR T		COUNTY	STATE
ATTENDIT tospital or rECTOR. At ed for use of or of Healt		220-1 certify that (X)	this hospit d alive on d X X X nXt	Sentem	ber 16 19	87	ber 15 19 87 and that in Xmy) (our) apinian a	to Septemi death accurred on the c	er Ib	9 87 and Iram the	that (we) last causes stated
by the h by the h ERAL DIR e detacht		7d PHYSICIAN'S NA	W	1 1	110.		ATTENDING PHYSICIAN [	MEDICAL STA DIRECTOR PHYSI	CIAN ()		-1687
HOSPITA bined by 1 5 FUNERAL ould be de Ph the Stat				ry, M.D			9000 Frankl	in Square 1	Or. Bal	to., i	4D 21237

9-19-87

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Buria]

24. FUNERAL DIRECTOR

Baltimore Maryland Duda-Ruck Funeral Home of Dundalk 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Dividson Randale 7922 Wise Ave. Dundalk, MD

23c NAME OF CEMETERY OR CREMATORY

Holly Hill

STATE OF MARYIAND

)	6	1	7	6.5	}	0	
	7 (	The law requires that the death certificate be executed with 24 hours often death. Page 4 may be	Cian.	1	e has been signed by the attending physician or a complete filled in by the funeral director, page 3	sit permit. Then please remove carbon papers. Page 1880 of the death with 172 hours offer death	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

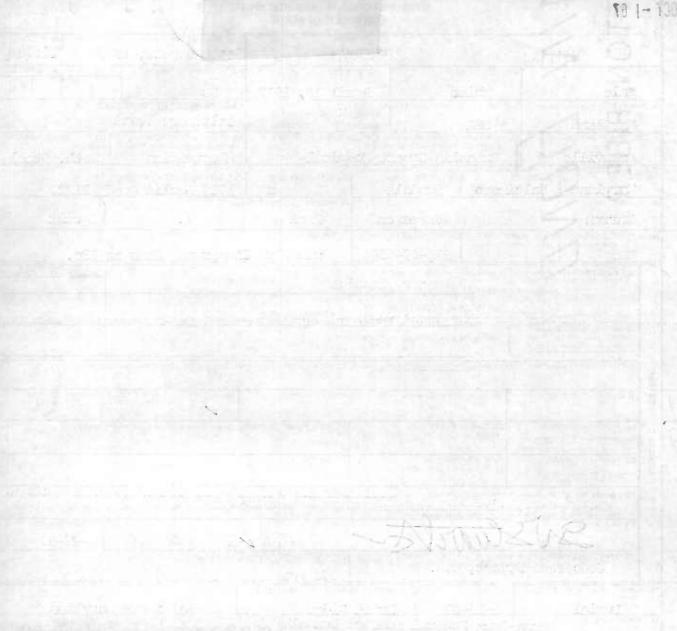
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRNE 7

309 00	1	Is The		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	ALE 7	2 5	5 8	2
poge 3		REGISTRAR  CEASED NAME FIRST E OR PRINT)  William		MIDDLE Z		AST	REG. N 20 DATE OF DEATH September	MONTH DAY		26 HOUR 11:30a
fter de	3. SE		4 RACE		5. DATE O		6. AGE (IN YEARS LAST B	RTHDAY) IF	UNDER LYEAR	IF UNDER 24 HRS
hours ofter		Male	Whit		Ap	ril 10, 1917	70	YRS		
20		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	USA	WHAT COUNTRY?	MARRIE WIDOWE	DE DIVORCED DI	Battimore city of Battimore			
by the full		Rossville	Frank	cheachity, give street clin Squa	re Ho	spital	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST  Electrici	OF WORKING LIFE)	INDUSTRY	• Steel
illed in	130.			13c. CITY OR TOW Dundal	'N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 1724 Les1	/ ZIP CODE	212	22
	14. F.	ATHER'S NAME Warren	MIDDLE	Zimmern	nan	15. MOTHER'S MAIDEN NA/ Anna	ME MIDDIE		Spec	ht
dicol		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDR	ESS		
rs. Po		No	W 1	218-09-	9584	Gwendolyn 2	Zimmerman	Same as		
physic npape maval.		18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUSE		Pulmonary		lus			BETWEEN	IMATE INTERVAL ONSET AND DEATH
signed by the hen please remote burial, cremo	NC	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUI		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	2
t permit. T	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES	
ol-tronsit		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIN .	F INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
s the burner wed or It	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
for use a for use a of Health		220-1 certify that XI) (this hosp saw the deceased alive or abave XI) (we) (did) (did)	Septemb	e deceased from Der 25	Septer 87	nber 25, 1987 nd that in (My) (aur) apinion o		ber 259.		
RAI DIREC detached tate Dept. NT: If frem		276. SIGNATUS	Stu	rela	-	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	IFF CIAN []	9-25	
should be de with the Stat		Godofredo Godofredo	Stuart,			9000 Franklin		rive 2	1237	
		BURIAL, CREMATION, REMOVAL	A PROPERTY.			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
	24 F	Burial UNERAL DIRECTOR Dud	9-29-	amoral H	ome	Ridge f Dundalk 250 DATE	REC'D. BY REGISTRAF	imore M	DIC CACALATI	1100
16 60M 7/B4 A 15, 4)		792	2 Wise A	Ave. Dund	alk,	MD 21222 SE	30 1987	Julia D	undern.	Kondoes

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the haspital or attending physic

BP.



ony injury, ar other traumatic event, the

with the State Dept or recommend them 18 shows

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

CERTIFICATE OF DEATH

1 -	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N			
	EASED NAME OR PRINT)	LEONA		J.		PPER	SEPTEMBER	27,	1987 YEAR	5 P. M
3. SEX	MALE			ASIAN	JANU	JARY ^D 14,1921	6. AGE (IN YEARS LAST BIR	YR:		IF UNDER 24 HRS HOURS MIN.
C	THPLACE (STATE OR		U.S		WIDOWE		BALTIMORE CITY O	E COI	JNTY	MD.
	BALTIMOR	E	1318 C	HEACHITY, GIVE STREET A	L DRI	VE 21208	OWNER		G (IFE) INDUSTRY	OF BUSINESS OR HOME VEMENT
13a. S M	ARYLAND	BALTIM		BALTIMOR	N	13d INSIDE CITY LIMITS?  YES NOXIX	13e STREET ADDRESS			VE 21208
	THER'S NAME FIRST  JULIUS	MID		ZIPPER		EVA	MIDDLE	FCC	SHC	
	(AS DECEASED EVER ES, NO OR UNKNOWN) YES	WWII-	AR OR DATES)	220-09-4		ANN ZIPPER 1				21208
NOI	Conditions, if any gave rise to im cause (a), statumentlying cause	IMMEDIATE (  , which mediate ng the e last.	DUE TO, OF  DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR COM		GIVEN IN PART I	(0)
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES □ NO ★		YES, WERE FIND! RTIFYING CAUSE! YES []	
MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d. INJURY OCCUP	CAUSE OF DEATH	21b. TIME O HOUR A P 21e PLACE	M. MONTH DA M.	YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM	18 PART I OR PART 2)	
ME	WHILE NOT W	MILE D	(AT HOME, STR	EET, FACTORY, OFFICE, F		STREET	City OR to	NWC	COUNTY	STATE
	22a   certify that (I sow the deceo- obove, (I) (we) I 22b. SIGNATURE 22d. PHYSICIAN'S N	Jela  JAME (TYPE OR PF	seil' ASSEN	ofter deoth.	82-1,01	PHYSICIAN 2	death occurred on the of	FF CIAN [	22c DATE	that (I) (we) lost a causes stated
	URIAL, CREMATION SPEBURIAL				CRO KO	EMETERY OR CREMATORY DDESH BETH ISI	RAEL CEMTOWN	BALT	IMORE	MD STATE
24 FL	OINERAL DIRECTSO	L LEVIN	SON &	BROS INC	212	15 20C	FERECID BY REGISTRAN	25b REC	ISTRAB'S SIGNA	IUD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Land the second of the second

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please reminish the State Dept. of Health and Mental Hygiene prior to buriol, crema

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

0 6 6 2 3 8 g of one service of s

SEP

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF BEATH

Q _D A	REGISTRAR EASED NAME	FIRST		MIDDLE	1	AST	REG. I		DAY YEAR	26 HOUR
TYPE	OF PRINT)	Alice		arquerite		uck	Sept. 17			3:00 p
3. SE)	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HR
F	emale		White		July	10, 1893 50	94	YRS	NO. VIII.S	HOURS MIN
- 0	RTHPLACE (STATE OR COUNTRY)	FOREIGN	USA.	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY Bal	OR COUNTY	OFDEATH	,
	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING CHEACHLITY, GIVE STREET A		OR OTHER INSTITUTION	17g USUAL OCCUPA		126. KIND (INDUSTRY	of Business Clucation
13a S	AL RESIDENCE (IF NUR STATE aryland	136 COUN		GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES NO TO	13e STREET ADDRESS	ZIP CODE	Rd.	21136
FA	THER'S NAME FIRST	н.^	AIDDLE	Zoučk		15 MOTHER'S MAIDEN NA Alice	ME ADDLE		Chuc	k
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	429	öckeys	mill Ro	1.
(1	NO	(# TES, GIVE	WAR OR DATES)	214-40-5	401	Janet L. Mar	ctin Reist	erstow	n, Md.	21136
ŧ,	Conditions, if ony gove rise to im couse (o), stati	v, which imediote ng the	DUE TO, O	OR AS A CONSEQUE	nce of	A GE	RY INSUE	FICIEN	cy	
IFICATION	Conditions, if ony gove rise to im couse 101, statu	IMMEDIATI	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO	OR AS A CONSEQUE	NCE OF		MINAL DISEASE OR CO	NDITION GIV	VEN IN PART 1:	O NGS USED S OF DEATH?
CAL CERTIFICATION	Conditions, if ony gove rise to im couse (o), stoli underlying cous PART 2 OTHER SIG	IMMEDIATION  WHICH mediate ng the e lost  NIFICANT CONTROL  ATION  MERLYING CAUSE OF DEAL	DUE TO, O  DUE TO, O  DUE TO, O  CC  ONDITIONS CO  196 COND  216 TIME CO HOUR A.	OR AS A CONSEQUE ON TRIBUTING TO D ONTRIBUTING TO D	NCE OF NCE OF DEATH BUT	A GE NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIV	VEN IN PART TO	NGS USED
MEDICAL CERTIFICATION	Conditions, if ony gove rise to im couse 101, stoliunderlying coust PART 2 OTHER SIG	IMMEDIATION  WHIFICANT CONTROL  ATION  ADERLYING CAUSE OF DEAL  CAUSE OF DEAL  CRED	DUE TO, O  DUE TO, O  CO  ONDITIONS CI  19b COND  21b TIME C  H  P  21e PLACE	OR AS A CONSEQUE  OR AS A CONSEQUE  ONTRIBUTING TO E  OITION FOR WHICH  OF INJURY  .M. MONTH DA	NCE OF NCE OF NCE OF OPERATIO  Y YEAR 19	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NOITION GIV	VEN IN PART TO	O NGS USED S OF DEATH?
-	Conditions, if ony gove rise to im couse 101, stoti underlying coust PART 2 OTHER SIG	IMMEDIATION  Which imediate in the elast in	DUE TO, O  DUE TO, O  DUE TO, O  (c)  ONDITIONS C  19b COND  19b COND  21b TIME C HOUR A. P. 21e PLACE (AT HOME ST	OR AS A CONSEQUE  ONTRIBUTING TO D  OTTION FOR WHICH INJURY  M. MONTH DA  M.  OF INJURY  REEL FACTORY OFFICE FA	CARD NCE OF NCE OF DEATH BUT OPERATIO  Y YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21t. HOW INJURY OCCUR  21t. LOCATION  STREET  19.86  and that in (my) (Aux.) opinion  DEGREE	AINAL DISEASE OR CO  200 AUTOPSY?  YES NO  CITY OR  to  death occurred on the	20b. IF YES IN CERTIFY YE JURY IN ITEM 18 F	VEN IN PART 11 S, WERE FINDI YING CAUSE: SS  PART 1 OR PART 2)  COUNTY  19 7	O NGS USED S OF DEATH? NO STATE
-	Conditions, if ony gove rise to im couse 101, stoliunderlying cous.  PART 2 OTHER SIG  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED  WHILE ALL WORK ALL WORK  22a. I certify that (I saw the deceophove, (I) (week)  22b. SIGNATURE	IMMEDIATION  Which mediate ng the e lost  NIFICANT CONTINUE  CAUSE OF DEAL CONTINUE  CAUSE OF DEAL EXAMINER)  CRED  WHILE DRAW  (RED)  (Ithis hospit sed alive on continue)  (Idid not	DUE TO, O  DUE TO, O  DUE TO, O  CC)  ONDITIONS CI  196 COND  196 COND  216 PLACE (AT HOME ST  View the body	OR AS A CONSEQUE  ONTRIBUTING TO D  OTTION FOR WHICH INJURY  M. MONTH DA  M.  OF INJURY  REEL FACTORY OFFICE FA	CARD NCE OF NCE OF DEATH BUT OPERATIO  Y YEAR 19 ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  19.86  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	AINAL DISEASE OR CO  200 AUTOPSY?  YES NO CITY OR  to death occurred on the	20b. IF YES IN CERTIFY YE JURY IN ITEM 18. F	VEN IN PART 11 S, WERE FINDI YING CAUSE: SS  PART 1 OR PART 2)  COUNTY  19 7	O NGS USED 6 OF DEATH? NO STATE
-	Conditions, if ony gove rise to im couse ioi, stori underlying cousi PART 2 OTHER SIG	IMMEDIATION  (, which mediote ng the e lost  INIFICANT CO  ATHON  ADERLYING CAUSE OF DEAT  AND CAUSE OF DEAT	DUE TO, O  DUE TO, O  DUE TO, O  (c)  ONDITIONS CO  19b COND  19b	OR AS A CONSEQUE  OR AS A CONSEQUE  ONTRIBUTING TO D  OTTION FOR WHICH IN  OF INJURY  M. MONTH DA  M.  OF INJURY  REET FACTORY OFFICE FA  The deceased from  Ofter death.	NCE OF NCE OF NCE OF OPERATIO  OPERATIO  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION  STREET  19.86  and that in (my) (pure) opinion  DEGREE  ATTENDING	AINAL DISEASE OR CO  200 AUTOPSY?  YES NO  CITY OR  death occurred on the  DIRECTOR PHYS	20b. IF YES IN CERTIFY YE JURY IN ITEM 18. F	VEN IN PART 11 S, WERE FINDI YING CAUSE: SS  PART 1 OR PART 2)  COUNTY  19 7	O NGS USED S OF DEATH? NO STATE

CO:X	780° . 70 . 2000	tio	uoli- erinoume	Alice M	73
	40	10, 1893	vInt.	etini	of north
	Britimore			.ACD 1	bire Cy Lin
Edmontico	oncol Principal		e Meson Regarding	maling	stop ent
enes .	If openius 2		Reinferstown	emperant	Aria figrat
		Alide	House'	•	shired
	theresion (To	red .1 sout	1045-04-465		and the

Schwiedt Zwiesel Chapel Str School Hills, Md. 21617